DIFFERENTIAL STRUCTURE AND FUNCTION OF PRIMARY GROUPS IN AGE HOMOGENEOUS VERSUS AGE HETEROGENEOUS AREAS FOR THE ELDERLY

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ABSTRACT

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Much of the relevant literature has indicated that age homogeneity of the neighborhood is beneficial for the elderly in increasing life satisfaction and morale, in fostering contacts with friends and neighbors, and in creating a high level of social activity.

However, the dependent variables used in these studies may create distortions in comparing age homogeneous and age heterogeneous neighborhoods. Life satisfaction and morale may be too global as dependent variables and based on too many factors in a person's environment to compare the effects of different neighborhood structures. Contacts with neighbors and friends may not be meaningful in all areas requiring primary group supports.

Therefore, in this study of 1423 elderly people in New York and Florida, Litwak's "Theory of Shared Functions" is used to suggest the application of another type of dependent variable (performance of primary group functions) to compare age homogeneous and age heterogeneous areas. The effect of homogeneity would depend on the degree the structure of primary groups available matches the requirements for the function to be performed.

Age homogeneity, while increasing the concentration of proximate age peers, may create distance from kin who have the most long term

commitment. Therefore, one type of function (participation in leisure), which is based on common or age-related interests, is shown to be strongly facilitated by age homogeneity. Another (watching one's place), which benefits from proximity of neighbors, but not from a loss of speed of reaction by the elderly, is weakly facilitated. Another (help in long illness), which is based on long term commitment, is affected little by age homogeneity. With moderate long term commitment required, neighbors and friends are able to substitute for kin.

However, when larger degrees of long term commitment are required, for help with money matters, or help in long illness for those who are disabled, very old, or have low income, there is a significant decrease in the level of primary group aid between age heterogeneous and age homogeneous areas. This is particularly so for the elderly who are handicapped or who have multiple resource deficiencies, and are most affected by lack of kin.

The effects of homogeneity are found to be largely independent of state of residence.

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Chapter I

INTRODUCTION: AGE HOMOGENEITY AND SOCIAL SUPPORTS FOR THE ELDERLY

The subject for this study is the effect of age homogeneity of the neighborhood on the efficacy of social support systems for the aged. Can we believe the claims of the advocates of retirement communities and public housing for the aged, that in these communities the elderly can lead the "good" life, with a proliferation of social supports along with specialized services and facilities? Are there particular areas of life functioning for which the social supports available in age homogeneous areas are particularly effective? Can the influence of age homogeneity on social supports be separated out from other characteristics of these communities (i.e., financial resources, quality of housing and facilities)? Are there any major areas of life functioning for which the type of social supports available in age homogeneous communities may be deficient or harmful for the elderly? What are the circumstances in which the social supports available in age homogeneous communities are effective or ineffective?

Sample

Data for this study were collected as part of Columbia University's research project on "Differential Structure and Function of Primary Groups and Formal Organizations for Services to the Aged."

A stratified sample was drawn of 1423 elderly people 65 and over in New York (745) and Florida (678) (see Appendix A). The New York sample included New York City, Westchester, Rockland, Nassau, and Suffolk counties, while the Florida sample included Dade and Broward counties.

The sample was stratified in a two-part procedure by socio-economic status (working class, middle class) and by age homogeneity (over 30% of elderly households headed by a person 65 or older, 30% or less elderly households). Locations for interviewing within randomly selected census tracts were chosen on the basis of 1970 census data and recent Social Security zip code data so as to have an adequate representation of both homogeneous and heterogeneous areas for the elderly. Interviewers were then sent to each location and on the basis of their impressions of housing in the area and their questioning of residents and store owners, locations were further stratified by class and homogeneity. Within each location (a group of blocks with a minimum number of 60 dwelling units), households were selected for interviewing on a random basis.

The sample is thus not strictly representative of the elderly population as a whole, as approximately equal numbers of respondents were interviewed in each of four strata based on class and homogeneity. There was random selection of respondents within the strata, however.

The response rate in both New York and Florida was 60%.

Studies Showing the Social Benefits of Age Homogeneity

Beginning with Irving Rosow's classic study, "Social Integration of the Aged" (1967), a theory has developed that age homogeneity will increase the availability of both informal and formal social supports for the aged. Rosow hypothesized that in age heterogeneous areas, because of the American youth oriented society, the aged were systematically pushed out of normal social roles and contacts. In age homogeneous areas, on the other hand, a social organization of friends and neighbors based on a common age status would proliferate and would increase the availability of social supports.

As a result of this classic study, a substantial literature developed relating age homogeneity of living environments to the availability of social supports for the aged. This literature will be reviewed in detail in the next chapter. Most studies have indicated that age homogeneity promotes elderly contacts with and proximity to friends and neighbors (Beckman, 1969; Carp, 1966; Donahue, 1966; Hempe & Blevins, 1973; Hochschild, 1973; Rosow, 1961, 1967; Sequin, 1973; Sheley, 1974; Sherman, 1968, 1975; Teaf, Lawton, & Carlson, 1973). Important exceptions to the general finding were Bell's (1976) study of homogeneous versus non-homogeneous communities in congregate housing in Arkansas, where there was little difference in friendship interaction, and Rosenberg's (1968) finding that age homogeneity of the greater neighborhood in Detroit led to greater social isolation from friends. In Rosenberg's study, however, the percentage of people 65 or over on the block was inversely related to social isolation from friends, as expected.

Most studies of age homogeneous communities have also demonstrated that they increase leisure or activity participation on the part of the elderly (Carp, 1966, 1967; Lawton & Cohen, 1974; Sherman, 1974; Teaf et al., 1973). In addition, residents in public housing and retirement communities have been reported to have high "life satisfaction" and "morale" compared to non-applicants and to matched control groups in the community (Beckman, 1969; Carp, 1966, 1967; Donahue, 1966; Gubrium, 1970; Lawton & Cohen, 1974; Peterson & Larson, 1966; Sequin, 1973; Sheley, 1974; Sherman, 1972; Teaf et al., 1973).

Also, the economies of large scale gained in having many older people living together has made possible the development of leisure facilities and specialized services for the aged, in age homogeneous communities (Carp, 1966, 1967; Hochschild, 1973; Sherman, 1968, 1971, 1974).

What seems to emerge from this type of literature is an idealized picture of life in age homogeneous communities in which an elderly person lives with maximum support from friends and neighbors, with high levels of physical activity and "life satisfaction" and with the availability of specialized facilities and services.

Problems with the Samples and Dependent Variables Utilized

There are several problems, however, in drawing this conclusion from the data available. Except in three cases (Gubrium, 1970; Rosenberg, 1968; Rosow, 1967), all the studies relating age homogeneity

to social supports for the aged have been completed in retirement housing or public housing for the aged, and thus the samples used have generally been atypical of the elderly population as a whole. It is thus difficult to separate the influence of age homogeneity from that of other variables such as financial resources, health status and the availability of facilities.

The greatest problem, however, is in the dependent variables that have been used as measures of the effect of age homogeneity on social supports. Global measures of "life satisfaction" and "morale" and the number of contacts with different primary groups (friends, neighbors, family) have been the dependent variables utilized. Measures of "morale" or "life satisfaction" are very global indicators which are influenced by a great many factors in a person's environment. These may include personality characteristics as well as one's financial and health status. In addition, concrete problems such as crime rates, housing disrepair, and access to facilities may affect "morale." "Morale" may also relate to primary group exchanges and supports in many areas, in addition to activity involvement. For instance, is there someone to help if an elderly person is ill and in bed for a long period of time? Is there someone to confide in if one is having difficulty in arranging his finances? Is there someone to provide support when one is overwhelmed by the tensions of day-to-day life?

Therefore, by using global dependent variables such as "life satisfaction" and "morale," it becomes almost impossible to separate out what is causing changes in the dependent variable between

homogeneous and heterogeneous communities. This is particularly so in light of studies demonstrating self selection of residents into retirement communities on the basis of personality characteristics and resources (Bultena & Wood, 1969; Jackson, 1972; Peterson & Larson, 1966; Sheley, 1974; Sherman, 1971; Winiecke, 1973). Greater "morale" in age homogeneous communities may to some degree reflect characteristics of residents before they moved in. In sum, "morale" and "life satisfaction" are too global as concepts to test out the influence of a measure of neighborhood structure like age homogeneity.

Contacts with primary groups members (neighbors, friends, families) are also problematic as dependent variables. To say that contacts with friends and neighbors increase in age homogeneous areas does not indicate whether these contacts are helpful or meaningful. There is an assumption in the literature that they will be very useful to the elderly, but this may not be true in all areas of life functioning. For instance, will greater contacts with friends or neighbors be helpful to an elderly person who is ill for a long period of time and in addition has few financial resources? In this situation a primary group (children) is needed which possesses a greater degree of long-term commitment toward the elderly person (Litway & Szelenyi, 1969).

In fact, studies have demonstrated that contacts with kin (children, relatives) tend to decrease in age homogeneous communities (Carp, 1966, 1967; Peterson & Larson, 1966; Sheley, 1974; Sherman, 1968, 1975; Winiecke, 1973). One exception to this general finding is in Teaf et al. (1973). Are there areas of primary group exchange,

therefore, for which kin are best suited, which may be inadequately performed in age homogeneous areas? What will happen to that elderly man who is ill for a long period of time and has few financial resources if he has no spouse or children available to feed him, to bathe him, or to help with the laundry?

The "Theory of Shared Functions" of Primary Groups and Formal Organizations

To address questions such as the above, Litwak's Theory of Shared Functions of Primary Groups and Formal Organizations will be presented as the basis of an alternative to the theory that age homogeneous areas are generally preferred to increase informal and formal supports for the aged. Litwak and Szelenyi (1969) argue that groups can best handle tasks which conform to their structures. Thus, in age homogeneous areas, those tasks will be handled best which conform to the structure of available primary groups, while those tasks which require other types of structures would not be handled as well. For instance, a task such as participating in leisure activities with the elderly, which requires common or age-related interests, may be handled very well in age homogeneous communities where there is a proliferation of friends and neighbors, while care in illness may not be handled as well.

The Theory of Shared Functions suggests the performance or non-performance of particular primary group tasks or functions as the dependent variable to compare age heterogeneous and age homogeneous communities. As dependent variables they would be more

specific than "morale" or "life satisfaction" and could be related more directly to age homogeneity. Whether a function is performed ot not is a more meaningful measure than contacts, as specific strengths or deficits in primary group performance in particular areas of life functioning could be identified.

Before proceeding further, it is necessary to summarize the Theory of Shared Functions in some depth. Litwak and colleagues (Fellin & Litwak, 1968; Litwak & Szelenyi, 1969) argue that there are certain task areas of life in which there is little required in the way of trained expertise or use of concentrated resources, and in these areas Primary Groups may be as or more efficient than formal organizations. One is the area of simple jobs, such as dressing or cleaning the house, where the ordinary citizen can do the job almost as well as the expert.

Another area where experts cannot be used effectively is where the problem is so idiosyncratic or has so many contingencies that the expert's knowledge cannot be brought to bear in time to make a meaningful difference. For instance, should a senior citizen stay home with his wife, go and play cards with his friends, or spend the time writing a letter to his son? The considerations that go into this type of decision are so numerous that if experts were used for each aspect, it would be impossible to find them in time to make a difference. The senior if he needed advice would probably do better to consult a friend or his wife.

Another area where experts do not function well are areas where knowledge is so limited that training provides little advantage,

such as the area of child development where the experienced mother might be more effective for the everyday problems of rearing a child than the expert. All of these types of task situations, where the primary group can perform as well as the trained expert, are called non-uniform by Litwak. This is compared to uniform task situations which are predictable and recurrent, have a limited number of contingencies and are more subject to the efficiencies of a large organization.

Tasks in the real world fall somewhere on a continuum of uniform to non-uniform and thus require a different organizational type from rationalistic bureaucracy to primary group to be performed most effectively, as is shown in Table 1.

Table 1

Relationship between Task and Structure

Task	Uniform.....Non-uniform
	requires
Organizational Structure	Rationalistic Bureaucracy ..... Primary Group

Most major areas of life functioning, made up of both uniform and non-uniform tasks, seem to require the participation of both formal organizations and primary groups working together. For instance in the area of health, suppose an elderly person was to slip and fall down and open an artery. A neighbor or friend might respond quickly, by calling an ambulance and applying a tourniquet to prevent

a fatal loss of blood. The hospital, however, would be more efficient in bringing its expertise and resources to bear in sewing the wound and in setting possible fractures.

Now let us concern ourselves with those non-uniform areas where different primary groups ordinarily function. The Theory of Shared Functions suggests that under the pressure of differential geographic and occupational mobility of members, primary groups differentiate structurally, i.e., assume a variety of forms. Each of these unique structural forms is linked to a particular type of non-uniform task or function it can best perform. Thus, now I will briefly summarize the underlying structural dimensions and unique tasks of the four types of primary groups of concern in this study. Implicit to this formulation is the belief that not only do these primary groups perform unique tasks, but that they are structurally best suited to perform these tasks.

Thus, the kinship group is that primary grouping in which people are related in semi-permanent biological or legal ways, and there is little choice as to whom one's kin will be or how long the relationship will last. Because this group has long-term ties and develops reciprocity of tasks or exchanges, it builds up much long-term commitment for each other. Another feature of the kinship system is large size. For instance, the system includes children but also other relatives such as siblings, cousins, and grandchildren, etc. While children are most likely to build up long-term commitment for their elderly parents in our society, the other members of the kinship system may also have substantial degrees of long-term commitment.

Yet, the members of this system are faced with many pressures for differential mobility in our industrialized and technical society. Thus, kin cannot always communicate face-to-face, as they may have to move to various parts of the country. In order to relate, they would have to use modern forms of transportation and communication such as the airplane and the telephone (Litwak & Szelenyi, 1969).

For these reasons, the kinship structure may be best for functions that involve long-term commitment and/or large size, but in which continuous face-to-face contact is not needed. These include tasks which require time, energy, or money, or which relate to helplessness tied to the age cycle. For instance, only kin may have the long-term commitment necessary to fly into town or give prolonged care in illness, and the numbers so that members can share their resources by taking turns in providing care. These same kin may not be around all the time to help a senior take his heart medication or to provide help in time emergencies.

The friendship group does not have the permanence or long-term commitment of the kinship group, or the frequent face-to-face contact of some neighbors. Friendship ties, however, seem to rest on freedom of choice and affectivity. Because friends are able to select one another freely, there is generally a high degree of matching on status characteristics and a similarity of value between them. This matching serves as the basis of tasks which friends perform more effectively, those that involve common or age related interests or similar sociological or personality characteristics. Thus, preferred

leisure time activities are often spent with friends, as each generation has its preferred music styles, food preferences, etc. The friendship group may also be important for functions related to changing roles in certain stages of life like old age (Hess, 1968). Thus, a senior may be more reluctant to ask a friend than a relative to come and take care of him/her during a convalescence from illness, but might rather accompany a friend to go bowling or to talk about the aches and pains of old age.

Neighborhoods are characterized by geographical proximity of members and thus frequent face-to-face contact and also by large numbers. Yet, with increasing geographical mobility as a result of technological pressures, neighbor relations may lack permanence and are characterized by short rather than long-term commitment. Neighbors must learn to communicate and exchange with people with whom they will be in contact for a short period of time. Thus, technological development fosters the development of rapid mechanisms of integration by which newcomers are trained or socialized quickly into new groups (Fellin & Litwak, 1968).

Thus, because of their residential proximity and frequent face-to-face contact, neighbors may be best for tasks that require speed of reaction as in time emergencies, continuous observation, or knowledge of the neighborhood. They often would not have the long-term commitment of kin or even the common interests or characteristics of friends. Thus, neighbors might be fine for calling the police if a senior citizen's house was being robbed, or for picking up an item for him/her at the neighborhood store. One

might not want a neighbor, however, to have knowledge of a senior's personal finances.

The nuclear family (husband and wife) comes closest to meeting all the requirements for a primary group as expressed in the sociological literature (see, for example, Cooley, 1955). Relationships tend to be relatively face-to-face, permanent, affective, non-instrumental, diffused, and involve long-term commitment. Because it is small, another advantage of such a group is flexibility, as there are fewer interests and desires to satisfy.

Because it is small, however, this primary group lacks human resources. Thus, the nuclear family may be as efficient as any other primary groups for all tasks for which it has sufficient resources. For many tasks, however, in which its resources are taxed, it may need the help of other primary group members. For instance, if a spouse is sick over a long period of time, the nuclear family member may ask a relative to come and help out for awhile.

The point of this analysis is that senior citizens who have various groups with different structures working for them in different functional areas will tend to better reach their goals than those who don't. This is extremely important for social workers, for if we know what structures and thus the performance of what functions are missing from an individual's repertoire, we are provided with hints as to what type of programs are needed to take their place. Thus, in some areas where the elderly are isolated from their relatives, we would need to find ways of having other primary groups fulfill

the long-term commitment function. Of course, our theory says that groups have certain structural properties which make them ideal for certain functions. It is thus likely we won't be able to develop perfect substitutes. The theory also enables the prediction of consequences in seniors locating themselves near or far from different groups, as different functions may or may not be performed.

Our continuum of different uniformities of task requiring different structures must now be revised to take account of the different functions performed by primary groups under extreme non-uniformity. The primary group end of the continuum will be focused upon in this study. Table 2 represents the total "Theory of Shared Functions" schematically.

Table 2

Representation of the Theory of Shared Functions Between Various Primary Groups and Formal Organizations

	(continuum)					
Task Situation:	Uniform----------					----------Extreme Non-Uniformity
			Long-Term Commitment	Common or Age Related Interests, Similar Sociological or Personality Characteristics	Speed of Reaction, Continuous Observation, Knowledge of The Neighborhood	All Tasks for Which It Has Sufficient Resources
			Kin	Friends	Neighbors	Nuclear Family
Organizational Or Primary Group Structure Indicated:	Rationalistic Organization----------	Less Rationalistic or Human Relations----------				----------Primary Groups

Chapter II

THEORY DEVELOPMENT AND HYPOTHESES

The Structure and Function of Primary Groups in Age Homogeneous Communities

Now, having summarized the Theory of Shared Functions, I will use it to help predict the effect of age homogeneity on social supports for the aged. To do so, one must first analyze the types of primary groups, in terms of their structural characteristics, that are available in age homogeneous areas. The increase in contacts with friends and neighbors, that studies have found, should mean there are large numbers of proximate primary group members available, as well as large numbers with common or age-related interests. Age homogeneous areas also provide a large number of age-peers who share a common orientation toward time, as they do not have to work. Therefore, in age homogeneous areas, the structural characteristics of primary groups which predominate are common or age related interests, proximity in large numbers, and the existence of age peers who have a common time frame.

On the other hand, the less contact with children and relatives, that most studies have found, may mean there is a deficiency in primary groups stressing long-term commitment.

In accord with the Theory of Shared Functions, once one knows the structural characteristics of primary groups available in age homogeneous areas, one can predict which primary group tasks or

functions will be facilitated by age homogeneity and which will not. In order to make these predictions, one must classify tasks in terms of the dimensions of primary group structure needed to perform them, i.e., common or age related interests, or proximity, or long-term commitment. If the requirements for performance of a task match the structure of available primary groups in age homogeneous areas, that task should be facilitated by age homogeneity. If the requirements for performance of a task do not match the structure of available primary groups, that task should not be facilitated by age homogeneity. By classifying tasks or functions in this manner, one can test differences in specific areas of primary group functioning between age homogeneous and age heterogeneous communities.

If the theory is correct that age homogeneous areas are generally best in all respects for improving social supports for the aged, the tasks specified should not make a difference, as all tasks should be performed more frequently by primary groups for the elderly in age homogeneous areas. However, if the Theory of Shared Functions is best for explaining the effects of age homogeneity, age homogeneous areas should be effective for the performance of some functions but not for others, depending on whether these functions are in accord with the structure of primary groups that are available.

In this study, one specific primary group function has been selected to represent each of the three major types of functions in terms of structural characteristics needed for performance. Thus, participating with an elderly person in his/her favorite leisure time activity will be used as the primary group function based on

common or age related interests or similar sociological or personality characteristics. According to the Theory of Shared Functions, this function should be performed most effectively by friends. It will be known as "participation in leisure" for the rest of this study.

Watching an elderly person's home and reporting attempts at breaking into it will be used as the primary group function based on speed of reaction, continuous face-to-face observation, and knowledge of the area. According to the Theory of Shared Functions, this function should be performed most effectively by neighbors. It will be known as "watch place" for the rest of this study.

Going to an elderly person's home when he/she is ill and caring for him/her for two or three weeks will be used as the primary group function based on long-term commitment. According to the Theory of Shared Functions, this function should be performed most effectively by kin. It will be known as "help in long illness" for the rest of this study.

Study Paradigm

The basic paradigm for this study is thus as shown in Table 3. Each type of primary group function considered can be specified in three ways: (1) the underlying dimensions needed for its performance (i.e., common or age related interests or similar sociological or personality characteristics); (2) the primary group which should be most effective for performing that function (i.e., friends); and (3) the specific function used to represent this type in this study (i.e., participation in leisure).

Table 3

Paradigm for Differential Performance of Different Types of Primary Group Functions by Age Homogeneity/Age Heterogeneity of the Area

	Type of Primary Group Function (in terms of Primary Group Structural Characteristics Needed for Its Performance)		
Type of Area	Friendship function, common or age related interests or similar sociological or personality characteristics (participation in leisure)	Neighbor function, speed of reaction, continuous face to face observation, knowledge of the area ("watch place")	Kinship function, long-term commitment (help in long illness)
Age Homogeneous	Frequency of performance: Are friends most chosen?	Frequency of performance: Are neighbors most chosen?	Frequency of performance: Are kin most chosen?
Age Heterogeneous	Frequency of performance: Are friends most chosen?	Frequency of performance: Are neighbors most chosen?	Frequency of performance: Are kin most chosen?

In each box the questions to be addressed in this study are: (1) To what degree is the indicated type of function performed? (2) To what degree is it performed by the "ideal" group and by other groups? (3) What is the relationship between what groups perform it and the degree it is performed?

Hypotheses: The Effects of Age Homogeneity on the Performance of Primary Group Functions

Based on the primary group structure of age homogeneous areas, I am now ready to hypothesize as to the effect of age homogeneity on the performance of each of the three specific functions.

A Function Based on Common or Age Related Interests

Hypothesis 1. That primary group function based on common or age related interests or similar sociological or personality characteristics will be performed more frequently for the elderly and more frequently by the "ideal" group (friends) in age homogeneous areas as compared to age heterogeneous areas.

Participation in leisure with the elderly should be particularly facilitated by the structural characteristics of age commonality and common interests. Also very important is the retired elderly's ability to structure their time in accord with others. Thus, a group of elderly people who share an interest in golf, for instance, can easily arrange to tee off together at 8:00 in the morning and play 18 holes. Thus, the structural characteristics of primary groups in age homogeneous areas does foster the "culture of leisure"

claimed by the advocates of retirement and public housing for the aged.

A Function Based on Speed of Reaction and Proximity

Hypothesis 2. That primary group function based on speed of reaction, continuous face-to-face observation and knowledge of the area will be performed as often or somewhat more frequently for the elderly in age homogeneous as compared to age heterogeneous communities. It will be performed somewhat more frequently by the "ideal" group (neighbors) in age homogeneous as compared to age heterogeneous areas.

"Watch place" is a function based on speed of reaction and proximity, and therefore the large number of proximate neighbors in age homogeneous areas should be beneficial for its performance. However, the structural characteristic of age commonality itself may not be as beneficial for "watch place" as for participation in leisure, as the elderly may have suffered some loss in their speed of reaction to emergencies. Thus, the benefits of a large concentration of neighbors may be somewhat offset by a lack of physical strength and fast reaction time among elderly peers. In addition, it may be that in most areas, regardless of homogeneity, there may be enough proximate neighbors to watch one's place.

Therefore, while there is one strong structural factor beneficial to watching one's place in age homogeneous areas, the requirements for the performance of this function do not match the structure of available primary groups as well as for participation

in leisure, and the benefits of age homogeneity, if any, should be less.

A Function Based on Long-Term Commitment

Hypothesis 3. That primary group function based on long-term commitment will be performed less frequently for the elderly and less frequently by the "ideal" group (kin) in age homogeneous areas as compared to age heterogeneous areas.

If long-term commitment groups are not present in age homogeneous areas, the performance of the help in long illness function may particularly suffer. The presence of kin may be particularly important for the elderly, as one of the key features of old age is the high rates of physical disability and frailty. Friends and neighbors who are old and physically frail, themselves, may not be able to perform certain functions for the elderly that tax their strength and require a younger and more vigorous person. Persons with small economic resources may also have difficulty extending themselves for others.

For instance, a person in his late 70's who is frail may hesitate to visit a friend who is sick with a cold because catching a cold at that age presents a great risk. A frail neighbor may hesitate to help a friend do his or her shopping, as this requires too much energy. This may mean that kinship ties which include cross-generational contacts may be very important in old age, as they mean continued relations with younger more vigorous people (Dono, Falbe, Kail, Litwak, Sherman, & Siegel, 1979). One of the dangers

in age homogeneous communities is that functions requiring younger or more vigorous help may not be performed or may be performed inadequately.

We can add the above to the Theory of Shared Functions which suggests that only the kinship group can perform the long-term commitment functions most effectively. Thus, it seems that absence of kin in age homogeneous communities could be quite harmful to the elderly. The degree of harm would depend on the degree the function to be performed requires long-term commitment. For instance, in this study, the item measuring help in long illness requires a primary group member to care for the elderly person for two or three weeks. It would require an even greater degree of long-term commitment to provide care for a longer period of time, for instance a month or two. In this latter case the absence of kin would be felt more severely. It would require less long-term commitment to provide care for a day or two and in this case the absence of kin might not be felt at all, and a friend or neighbor could easily substitute.

As described in the next section, the resource situation of the recipient of aid would also affect the degree of long-term commitment needed to perform a function and thus the consequences in not having kin available.

Fortunately, there are some factors which may mediate the harmful effects of absence of kin in age homogeneous communities. One is Litwak and Szelenyi's argument that many kinship functions can be performed over distance through the use of modern means of communication and transportation such as the telephone and airplane.

Thus perhaps an elderly person who is ill and cannot find a frail neighbor to take care of him, may call on a son who can fly in for a couple of weeks and provide care. Here also the greater degree of commitment that is required or the greater the period of time that the care must last, the harder it will be for the son to provide care despite living at some distance. There may be particular types of functions which require long-term commitment but which can be performed very well over distance through the use of the telephone (i.e., providing emotional support).

The Overlap of Friends and Neighbors

Another argument relates to another effect of declining health which is the need to find friends who are geographically close. Cantor (1977) found geographic proximity to be an important criterion with respect to with whom one continues a relationship. The elderly, therefore, may want to move to an area where they are in close proximity with friends, and since they are in large part retired and disengaged from work roles, they can move for this reason.

In age homogeneous communities, therefore, where many elderly have moved to be in close proximity with friends, there may be an overlap in friends and neighbors. What is exciting for this study is that this overlap in friends and neighbors may produce a new type of primary group which may be able to perform functions beyond those which friends and neighbors usually perform. They may even be able to perform what are usually kinship functions (long-term commitment). Rosow's (1967) data, while basically indicating that the kinship and

friendship systems are separate and independent, does show that neighbors in homogeneous areas where kin were absent, provided long-term care in illness (pp. 159-166). The neighbors, however, were not able to help with money matters, which may be a type of function in our society which can only be shared with those with whom one is closest or most committed (pp. 170-176).

Thus, whether a new type of primary group created by the overlap of friends and neighbors can substitute for kin, will probably depend on the degree of long-term commitment required. The overlap of these groups may create greater commitment for each other, but it is unlikely that this will be at the same level as the commitment of children for their elderly parents. Thus, overlapping friends and neighbors may be able to substitute some care in illness, but this will become less effective as the time requirements of care become greater or the resource situation of the recipient becomes worse. In any case, the level of help provided by overlapping friends and neighbors in the absence of children, would be unlikely to reach the same level as that provided by children who are present.

Whether long-term commitment functions, usually associated with kin, are sufficiently performed in age homogeneous communities, is thus one of the major areas of concern of this study. Hypothesis 4 is presented as an alternative to hypothesis 3.

Hypothesis 4. Those who live in age homogeneous areas will tend to develop primary groups in which neighbors and friends overlap. This will enable them to substitute for kin in the performance of long-term commitment functions. The level of aid they can provide,

however, will not reach the same level that can be provided by children who are present.

The Influence of Resource Deficiencies: Need for Long-Term Commitments

Another major area for investigation in this study is how the relationship between age homogeneity and performance of primary group functions is affected by the resource situation of the recipient of aid. Again, one can consider two major theories of the effect of resources on this relationship.

According to the Theory of Shared Functions, the definition of primary group function and the structural requirements for its performance, would be in part based on resources. Thus, those who were chronically ill would need more care or more expenditure of effort on the part of those performing a function for them than those who are well. Those who are poor would not be able to pay for services and would have limited mobility, and thus more expenditure of effort would be required to perform a function for them than for those who are rich. The older aged would not be able to do as much for themselves as those who are younger, and thus would require more expenditure of effort. Thus, low resources (in terms of health status, financial resources, and age) means that more help or expenditure of effort must be given. Therefore, those with low resources would have a greater need for long-term commitment and might be more adversely affected by the lack of long-term commitment groups in age homogeneous areas than those who have greater resources.

An elderly person with insufficient resources in more than one area may be particularly affected by the lack of long-term commitment groups. Consider an elderly man with a severe heart condition who cannot afford long-term nursing care. He would particularly suffer without children or relatives nearby to care for him.

If a new type of primary group as a result of the overlap of friends and neighbors does not substitute for kinship relations in homogeneous areas, those with insufficient resources would particularly suffer in the performance of long-term commitment functions. In this situation, both the task to be performed and the resource situation of the recipient of aid requires long-term commitment and the expenditure of the provider's physical resources. An example is help in long illness for someone who is disabled. In this situation, kin could be particularly helpful in providing ongoing care. The presence of the vigorous younger generation would also be helpful, as they may have more energy to contribute and would not have to worry as much about "catching" the elderly person's illness.

On the other hand, consider the situation in which a robust elderly person needs someone to participate with him in his favorite leisure activity, which happens to be playing golf at 8:00 in the morning. In this situation, neither the resource situation of the elderly person or the function to be performed necessarily requires the presence of a group high in long-term commitment or willing to expend large amounts of personal resources. Thus, in this situation,

age homogeneity may be very beneficial in the provision of friends and neighbors.

In mixed situations, such as a person with low resources (poor) for which the task requires little long-term commitment (leisure), or a person with high resources (rich) for which the task does require long-term commitment (help in long illness), the expectation would be for the elderly person to be in the middle as far as the adequacy of aid received in age homogeneous communities.

Several studies, particularly those of Donahue (1966) and Seguin (1973), have described problems that develop in age homogeneous communities when kin are not available and are thus in support of the Theory of Shared Functions.

There is an alternative theory of the effect of resources on the relationship between age homogeneity and social supports, which suggests that those with low resources are more subject to the benefits of age homogeneity. Again, results may vary depending on the dependent variable that is used.

Rosow (1967, pp. 79-101) hypothesized that those lacking various resources would have greater local orientation and less mobility and would therefore benefit to a greater degree from the social organization of friends and neighbors available in age homogeneous communities. Age (over 75) and class (working class) did predict a high number of contacts with neighbors, while health had little effect. While it does seem reasonable that those with less mobility should have greater opportunity for contacts with neighbors and friends who are more available, this does not mean these neighbors and

friends will provide the aid that is needed. According to the Theory of Shared Functions, increased contacts with friends and neighbors may not meet the poor, very aged, or disabled person's need for groups with long-term commitment, particularly for the performance of functions which also require long-term commitment.

Gubrium (1970) predicted that people in good health and solvent may possess sufficient behavioral flexibility so as not to be affected by local conditions. He predicted, therefore, that there would be a positive relationship between age concentration and morale for those in poor health or insolvent who would be affected by local conditions, while for those in good health or solvent there would be little relationship. His hypothesis was confirmed for a stratified sample of 210 persons 60 and over in Detroit. Again, "morale" is used as the dependent variable, so it is unclear as to what is contributing to differences in "morale" between the groups. However, it is surprising that those in poor health would increase their morale in age homogeneous areas. Gubrium's densest category approached 100% homogeneity, which means that institutional services were probably provided for those who were ill, however.

Only by applying the Theory of Shared Functions, however, can one predict specific areas in which people with different resource situations will benefit or not benefit from age homogeneity. If the Theory of Shared Functions is correct for explaining the influence of age homogeneity, those with less resources should not do quite so well as those with greater resources, with changes in age

homogeneity, in the performance of primary groups functions. These with fewer resources should have particular difficulty when the function to be performed involves long-term commitment. If the theory that those with low resources should benefit most from age homogeneity is correct, those with fewer resources should benefit more with age homogeneity for the performance of all functions, than those with greater resources.

The following hypotheses are in accord with the Theory of Shared Functions.

Hypothesis 5. Where both the primary group function to be performed and the resource situation of the recipient of aid require long-term commitment or the use of physical or economic resources (i.e., the younger generation), the elderly will be disadvantaged to the greatest degree in age homogeneous areas.

Hypothesis 6. Where neither the primary group function to be performed or the resource situation of the recipient of aid require long-term commitment or the use of physical or economic resources (i.e., the younger generation), the elderly will benefit to the greatest degree from age homogeneity.

Hypothesis 7. Where the primary group function to be performed or the resource situation of the recipient of aid, but not both, require long-term commitment or the use of physical or economic resources (i.e., the younger generation), the elderly will benefit to a moderate degree from age homogeneity.

Types of Homogeneity in Florida and New York

One must be cautious when considering the effect of resources on the relationship between age homogeneity and primary group performance. There may be different types of age homogeneous communities related to residents' stage of life, financial resources, and why they live there (Dono et al., 1979). Three possible types of age homogeneous communities are as follows:

(1) When people are still vigorous, have financial resources, and are interested in leisure activities, they may move to retirement communities like those in Florida (Bultena & Wood, 1969; Sherman, 1971). They may be attracted by having a common daily time frame with other retired people and also by a prevalence of leisure facilities.

For these people, it may be that illness when rare can be managed from a distance, and they are not severely affected by lack of kin nearby. However, when they lose their vigor or suffer losses in financial resources, they may be severely affected by lack of nearby kin and the younger generation, and may even return to New York or another point of origin.

(2) Another type of age homogeneity might involve people in later stages of the life cycle who are in poorer health and have less financial resources. An example is public housing for the elderly. For these people, long-term commitment and the presence of the younger generation is particularly important. This type of age homogeneity may be more typical of New Yorkers who do not have the

resources to move to Florida or who might have had to return to be near kin.

(3) A third type of age homogeneity may involve people who are more vigorous and have financial resources and who like to associate with people their own age, but who do not wish as of yet to move to a retirement community. This type may be typical of areas with moderate levels of homogeneity in both New York and Florida.

As the sample used in this study was gathered half in New York and half in Florida, the different types of age homogeneity are important for consideration. Florida may have much homogeneous housing of the first type. For this type of community, participation in leisure and "watch place" may be particularly facilitated because of the greater health and wealth of residents. On the other hand, Florida residents in homogeneous communities may have more trouble with help in long illness because of greater distance from kin. This would be particularly true for those who lose their health or financial resources.

Therefore, in considering the relationship between age homogeneity and performance of functions, it is important to control for state of residence. Then I can answer the question as to whether the greater participation in leisure and "watch place" and lesser help in long illness hypothesized for age homogeneous communities is due in some part to the particular effect of Florida retirement communities.

Chapter III

LITERATURE REVIEW

Introduction and Contributions of the Present Study

As mentioned in Chapter 1, according to Irving Rosow's classic study, Social Integration of the Aged (1967), in age homogeneous areas a social organization of friends and neighbors, based on a common age status, would proliferate and would insure greater availability of social supports for the aged. As a result of this study, a substantial literature developed relating age homogeneity of living environments to the availability of social supports for the aged. At first glance, these studies suggest an idealized picture of life in age homogeneous communities, in which an elderly person lives with maximum support from friends and neighbors, with high levels of physical activity and life satisfaction and with the availability of specialized facilities and services.

However, as mentioned, the inadequacy of the dependent variables most often used in these studies is the most significant of several problems in drawing such conclusions from them. "Morale" and "life satisfaction" are too global to measure the influence of a characteristic of neighborhood structure like age homogeneity.

In addition, the use of primary group contacts as dependent variables does not tell you much about the sufficiency or quality of a relationship. An increase in contacts with a particular primary

group does not always lead to a corresponding increase in performance of a particular primary group task or function. For instance, are greater contacts with friends and neighbors useful for functions such as help in long illness?

Therefore, in this study, Litwak's Theory of Shared Functions is used, so that the performance or non-performance of primary group functions can be used as the dependent variable to compare the efficacy of informal social supports between homogeneous and heterogeneous communities. These are more specific variables than "life satisfaction" and "morale" and can be more precisely related to structural variables such as age homogeneity. Unlike when using contacts, specific strengths or deficits in primary group performance in particular areas of life functioning can be ascertained.

Questions can be asked such as, does the lesser contact with kin in age heterogeneous areas that most studies have shown indicate that long-term commitment functions are not being performed? Can these functions be performed by other groups such as friends and neighbors? Do increased contacts with friends and neighbors in age homogeneous areas mean that functions based on age related interests, proximity, and speed of reaction are being performed better than in age heterogeneous communities? These questions seem more meaningful than just a consideration of in which areas there are greater contacts.

Therefore, the following review of the literature relating age homogeneity to social supports will be done while considering how the results might have been affected by using primary group functions

as the dependent variable. The limitations of the use of other dependent variables will also be pointed out.

In Chapter 1, it was also suggested that the dependent variable used might determine how the resource situation of the respondent would affect the influence of age homogeneity. The performance of a function requires commitment or expenditure of effort which would be increased for those with deficient resources. Thus, using performance of function as the dependent variable may indicate harm to those with deficient resources from lack of kin in homogeneous areas. Contacts do not require commitment, and as variables they may not be sensitive to the possible harm to those with deficient resources from lack of long-term commitment groups. This will also be considered in the literature review.

Another problem is that except in three cases, all the studies relating age homogeneity to social supports were completed in retirement housing or in public housing for the aged. Therefore, the samples used may represent different types of homogeneity, with people in different stages of the life cycle, with differing degrees of migrancy, and different degrees of health and financial resources. Therefore, it is difficult to separate the influence of homogeneity from characteristics of particular types of areas and their residents. In addition, populations studied are not often representative of the elderly population as a whole. There is also considerable evidence that self selection operates as an intervening variable between age homogeneity and improved social relations. Those who improve in social relations with age homogeneity may be those most oriented to social relations in the first place.

Therefore, in this literature review, I will also consider the influence on findings of the particular characteristics of the homogeneous communities that have been studied. While the stratified sample in this study is not strictly representative of the elderly population, it should include many types of areas, so characteristics of any one type would not dominate the analysis. With appropriate controls, the structural influences of age homogeneity can more easily be isolated.

Sections in the Review

Therefore, the literature review that follows will include these sections: (1) An in-depth review of Rosow's classic study, Social Integration of the Aged (1967), as it has had a tremendous influence on the field of social gerontology and on studies that followed it. (2) A review of the other two studies of the effect of age homogeneity within "normal" living environments. (3) A review of studies of the effects of retirement housing and public housing for the aged on "morale," "life satisfactions" and the social relations of the aged. In this type of study, the study group was often compared to matched groups in the community or with non-accepted applicants for housing. (4) A review of studies which demonstrate that self-selection plays an important role in improving social relations. These studies ask what types of people tend to move to age homogeneous communities, and how do their characteristics intervene in the process by which homogeneity influences social relations? (5) This review will also go beyond the scope of the findings presented in this study, to consider studies and

articles which provide theoretical explanations of how neighborhood structure and homogeneity influence social relations. This is done to demonstrate that the use of primary group functions as dependent variables may lend new insight into the major theories considering social relations among the aged (i.e., Disengagement Theory and Activity Theory). (6) Lastly, I will also review literature related to the differential structure and function of primary groups presented in the Theory of Shared Functions. Does primary group performance depend on how well the function to be performed matches the structure of the groups that are available? Can primary groups effectively substitute for one another in the performance of functions?

Rosow's Classic Study on "Social Integration of the Aged"

Rosow proposes that the integration of individuals into their society results from forces which place them in their system and govern their participation and patterns of association with others. This network of bonds has three basic dimensions: (1) social values, (2) formal and informal group memberships, and (3) social roles. Rosow presents evidence to show that while beliefs may not significantly change in later years, older people's middle aged patterns of social integration are steadily weakened in the other two areas.

In the area of social roles, the aged show more disruption of marital status than any other age group. In regard to work roles, technological advances and increased industrialization have

made old skills obsolete, and the aged are increasingly on the fringes of the work force. In the area of income the elderly are affected by limited work opportunities and lesser earnings. When they retire their income is cut by one half and when widowed by one half more.

In addition to losses in social roles, old people also suffer in the area of group membership. They are members of fewer organizations as their social roles are lost. While contacts with family and friends may remain high, their intensity may diminish. This is at a time when life satisfaction may increasingly depend on the quality of informal relations.

Rosow suggests there are correlates and consequences to the loss of roles and group memberships for the aged. These include (1) role ambiguity--a loss of prescriptions about proper standards and conduct in old age, (2) a general devaluation of the aged by young and old alike, (3) old people's sharing of invidious beliefs about the aged, and (4) old people's retention of youthful self images in order to exempt themselves from negative social judgments.

Given the loss of social roles and group memberships of the aged and their correlates, Rosow proposes that the most viable opportunities for the integration of old people in informal groups is among their aged peers. Friendships and inclusive associations develop among people of comparable social position and similar status characteristics of which age is one of the most compelling.

In addition, in our society, age grading seems to focus social contacts and limit them between generations. "Symbols and stigmata

of age rank are increasingly externalized and formalized" (p. 37). Both the life cycle and societal trends weaken intergenerational relations. The attrition of older people's occupational and familial roles, their health and income, technological and scientific development and general social change all combine to intensify the differences between generations. As age grading and devaluation of the aged reduce contact between the generations, friendships tend to be confined within generations.

Under these conditions residential settings with a "normal age concentration" may in fact isolate and demoralize the elderly. In residential settings heavily concentrated with older people, the concentration of potential friends will be greater. Thus, there will be a greater potential for friendship formation and group belonging.

Rosow's main hypothesis is therefore that the number of local friends of the elderly and the amount of their interaction with neighbors will be directly related to the residential concentration of the aged. Also, this relationship will be intensified for those with high role loss, high dependency on the local environment, and normatively lower status positions, particularly of social class, sex, and marital status. These groups are more locally dependent and should be more influenced by the effects of residential concentration of the aged.

Methodologically, Rosow operationalized local residential settings as apartment buildings and interviewed 1200 elderly men and women in several hundred apartment buildings in the Cleveland metropolitan area. The apartments were screened for age concentration and classified as follows:

Categories	Households with Aged Members
Normal	1-15%
Concentrated	33-49%
Dense	50+%

Resident's occupation was used as the index of social class, and on this basis, apartments were classified as manual or non-manual. Two public housing projects which met all other criteria were used as the working class settings, one which was residentially dense with aged and the other normal. The non-manual buildings were drawn from private apartments in the area. Buildings were excluded if 10% or more of the breadwinners has occupations judged differently in class from their neighbors, so as to control for the independent effects of social class.

Within eligible buildings only one elderly resident was interviewed in each household. Also, about 60 respondents were interviewed from retirement hotels in the area.

Because most middle class apartments fell in the excluded 16-32% area, the researchers had to do an extensive search for middle class buildings. Because buildings were chosen somewhat arbitrarily, the population did differ from the general elderly population on key demographic variables. The study authors insist that because they are concerned with the relationship between age density and local friendship, a purposive sample was required. The relative effect of density on neighborhood activity, they insisted, not the absolute frequency of such interaction, was important. Respondents and nonrespondents were similar on important characteristics, and the overall refusal rate of 26% was similar to other studies of this type of population.

Nevertheless, Rosow's study has been criticized in that the sample's lack of representativeness of the elderly population at large limits its generalizability (Carp, 1976). For instance, his sample overrepresented women and those living alone (Rosow, p. 44).

Rosow's data confirms his main hypothesis. Within classes the average number of friends increased steadily with rising density. Also, in each area, the observed frequency of older friends is much greater than that expected just by the greater availability of elderly people. In working class areas where the residents are more locally oriented, the proportion of persons who made at least four new friends in the last year tripled as density increased. In middle class areas, the formation of new friends remained constant, indicating less local orientation in the middle class. Also, within class groups, local contacts with neighbor/friends increased with greater density.

Of course, demonstrating increases with homogeneity in the number, availability of, and contacts with friends and neighbors does not indicate in what manner these findings will be significant for the elderly. Which primary group functions will benefit from this increase in friends and neighbors and which will not?

Also, for Rosow, the benefits of homogeneity seemed to be greater for the working class. This finding may have been different if the dependent variable used has been performance of functions, which require some commitment and expenditure of personal resources. Then the working class, which has less resources and requires more

commitment, may have been more negatively affected by a lack of kin in homogeneous areas than the middle class.

Next Rosow analyzes different factors which might increase the local dependency of the elderly and thus make them more sensitive to the influence of density on friend and neighbor relationships. Certain factors did favorably dispose people to the influence of density including age (over 75), sex (women), and marital status (unattached). Retirement was highly selective, causing a greater influence of density only for the previously self-supporting middle class women.

Surprisingly for Rosow's formulation, health was quite insignificant as a variable related to increasing influences of density. For Rosow, poorer stages of health should have increased the local orientation of the elderly and caused them to look for friends close by. Therefore, poorer health should have increased the effect of density in providing friends who are nearby. In accord with the Theory of Shared Functions, however, poorer health may cause the elderly to look toward kin who have the commitment to take care of them. If this is true, for those in poor health the effects of density in providing friendship opportunities may be less important. Perhaps both these factors operate together and tend to balance each other's effect.

Rosow's finding, that certain groups with more local orientation benefit more from homogeneity in the availability of friends and neighbors, seems reasonable. Groups that stay at home more would have more availability for contact with proximate friends and

neighbors. However, certain groups with local orientation (i.e., the over 75, the disabled, the low income) would also have a greater need for long-term commitment and expenditure of personal resources. These groups might be hurt by homogeneity in the lesser availability of kin and the younger generation.

Therefore, groups with deficient resources may receive greater benefit from homogeneity in certain situations (because of their local orientation) but may be harmed by homogeneity in other situations (because of their greater need for long-term commitment). Only by using primary group functions as dependent variables can one distinguish the situations in which those with deficient resources would receive greater benefit or harm as a result of homogeneity. For instance, in accord with the Theory of Shared Functions, I have predicted that those with deficient resources would particularly suffer from greater homogeneity where the function to be performed also requires long-term commitment and expenditure or personal resources (help in long illness).

Rosow's areas of analysis most related to this study are those chapters dealing with old people's reference groups and with family and friends as compensatory reference groups. Unlike Litwak, Rosow does not begin from a theoretical framework as to what type of functions different primary groups are best suited for. Rosow, however, does empirically analyze different types of functions and which primary groups perform them. He analyzes reference group performances in three areas:

(1) A specialized function which virtually excludes the family and favors peers--sources of age-sex role models.

(2) Areas of institutionalized family obligation to the aged which virtually preclude other groups from serious consideration when children are available--care in illness and financial assistance.

(3) A more generalized orientation governed by general loyalties and emotions--respondents were forced to choose between reference groups in answers to hypothetical questions.

In Litwak's formulation, the first would be a function based on age-related and common interests and similar sociological and personality characteristics, and thus we would expect friends to be the best source of age-sex role models.

The second would be functions based on long-term commitment and thus would best be handled by kin. The third area relates to general preferences for primary groups and does not really relate to Litwak's theory.

Rosow's findings tend to support Litwak's theory as to what groups are structurally best suited for performing different types of tasks, and also include the effect of residential density on the performance of these different types of functions. These areas are central to this study.

Under sources of age-sex role models, density did increase the proportion of elderly with any role model in the working class. This is directly related to our Hypothesis 1, in that this common or age related interest function was performed more often in dense (homogeneous) versus normal (heterogeneous) areas.

Also remember that we have speculated that in age homogeneous areas, friends and neighbors may overlap. Rosow demonstrates that regardless of class, density did increase the proportion of neighbors among all role models. If friends and neighbors overlap, it makes sense that neighbors would incressingly perform this friendship function. Overall, while one-third of the sample specified no model at all, 53% named a personal associate, usually a neighbor, a friend, or acquaintance.

Care during illness is an interesting area for us, as particularly long-term care would seem to be a long-term commitment type of function. Rosow found that during short-term illness about 65-80% of those who live with someone get care within the family, mainly from household members. In the working class, there is some help from daughters and other relatives. When those living with someone are sick for two weeks or longer, however, there is a general family mobilization with a sharp rise in aid to the spouse from daughters and other relatives.

For those who live alone, in short-term illness about two-thirds take care of themselves with minor assistance from the family. When longer illness occurs, however, only one-third can mobilize family assistance, but the family is still the most called on primary group. Thus, in long-term illness, most people call on the family, including spouse and kin. This is thus supportive of the Theory of Shared Functions, which states that the long-term commitment function will be performed most frequently by kin.

In the event of longer illness, those living alone have several alternatives: (1) in one-third of the cases they call on relatives and children; (2) if the family is unavailable they can get a private nurse (one-third of the middle class); or (3) if they cannot afford it, one-third care for themselves. For those living in dense areas, however, Rosow found there is another alternative. They can call on neighbors. One-fourth in the working class and one-sixth in the middle class call on neighbors. Neighbors are used significantly in illness only in dense areas.

This finding is extremely important for us, as it tends to support Hypothesis 4. According to this hypothesis, the overlap of friends and neighbors in age homogeneous areas leads to the development of new forms of primary groups, so that friends and neighbors can substitute for kin in performing long-term commitment functions. However, this may be true only when the level of long-term commitment required is not at a very high level. If the level of long-term commitment required were greater (i.e., for help in long illness for those who are disabled, over 75, or have low income), it is probable that overlapping friends and neighbors would not substitute as well. It is also possible that Rosow's sampling procedure did not tap large proportions of those in really bad health, who might have the highest need for long-term commitment.

Rosow also found that in the normally concentrated areas, worry about future illness increased from 17 percent of those who were sick for two weeks or not at all in the last year, to 33% of those who were sick a month or longer. In contrast, worry about

future illness in dense areas declines from 21% of those sick a short time to 11% of those sick a month. Therefore, neighbors seem to be effective insurance against long-term illness in dense areas. Again, this may be true only when the level of long-term commitment required is not great, so that neighbors can substitute for kin.

In addition, another finding was that in dense areas, there were less proportions of people with nobody to take care of them at all. This is further evidence for the effectiveness of new types of primary groups in age homogeneous areas. Tempering these findings, however, is that almost all people in all groups in all types of areas state that they are satisfied with their care in illness. This may mean that the presumed importance of whether the elderly are cared for in illness may be overrated and that almost anybody can do the job. More likely it means that people's statements in answer to this type of question are inadequate measures of effectiveness. People learn to accept the type of care that they receive but may really not be receiving needed aid.

Therefore, Rosow's findings seem to indicate that overlapping neighbors and friends can develop a new type of primary group which can substitute for kin for help in long illness in homogeneous areas. However, Rosow may have undersampled those who are severely ill and need the most help. In addition, he used apartment buildings as his unit of analysis, so that for his dense buildings, the surrounding area was not necessarily age homogeneous. Therefore, the elderly in his dense areas were probably not as distant from kin as the elderly in homogeneous areas in this study. In this study the block

was the unit of analysis and would better reflect the homogeneity of the greater community. Respondents in Rosow's dense areas would not be disadvantaged as much from lack of kin nearby for help in long illness as respondents in homogeneous areas in this study.

In addition, in accord with the Theory of Shared Functions, it is probable that as the long-term commitment required to perform a function increases, the less effective would be neighbor and friend substitution for kin. In this study, this proposition will be tested by considering the effect of age homogeneity on help in long illness for those with deficient resources (disabled, over 75, low income). There is evidence to support this proposition in Rosow's study also. Rosow considers financial assistance which involves knowledge one only shares with his most intimate associates. It is a function that involves high degrees of long-term commitment.

In this area, sources of help are almost exclusively restricted to family members. Consequently, residential density has no relation to the giving of financial aid. It seems that financial assistance involves such large degrees of long-term commitment that only kin will do. In addition, almost 20% of parents with local children receive regular contributions from them, compared to 5% with children elsewhere. This indicates that the elderly may suffer in this long-term commitment function in homogeneous areas where kin are distant, and neighbors and friends cannot substitute.

Finally, in terms of reference groups, Rosow constructed a salience index depending on answers to hypothetical questions forcing respondents to choose between reference groups. On this

index, family rated 0.72, neighbors 0.40, and friends 0.30. This type of rating ignores the possibility that what group is most preferred depends on the function to be performed.

Also of importance to this study, Rosow specifically examines the use of one primary group, neighbors, as functional substitutes for another, children. He develops the concept of "compensatory neighboring," which is an effort of the most emotionally dependent elderly to relieve the frustration of limited contact with their children through contact with neighbors. He proposes three general criteria of compensatory neighboring: (1) The less a compensating group sees their children, the more they should interact with neighbors. (2) Persons who compensate should see their neighbors more often than those who do not. (3) This surplus neighboring should increase as contact with children declines, so that compensation itself should become more intensive as association with children is more restricted.

Of extreme importance to the Theory of Shared Functions, Rosow found no general principle of compensatory neighboring, where parents see friends and neighbors specifically to combat limited contact with children. Nor does compensatory neighboring increase among parents of non-local children who are least accessible. According to this finding, children and neighbors/friends seem quite separate and individualized in the organization of old people's relationships.

This is consistent with the Theory of Shared Functions. Kin, neighbors, and friends in our modern society are likely to have different structures and therefore do different things. Under

special situations, the structures of different groups may overlap, and groups may substitute or compensate for one another. Thus, overlapping neighbors and friends in homogeneous areas may develop a type of primary group with some long-term commitment. Therefore, they can substitute to a degree for kin. However, the greater the requirement for long-term commitment, the greater the likelihood that only the group that most matches this requirement (kin) will perform the function effectively.

Age Homogeneity within Normal Living Environments

Next I will consider the studies that were done of the effect of age homogeneity within normal urban living environments. George Rosenberg (1968) sampled the white working class in Philadelphia age 45-80. To include all types of neighborhoods, he sampled every 34th block and found 1596 respondents, of which 668 were 65 or older. He hypothesized that to the degree respondent characteristics were consonant with neighborhood characteristics, there would be a minimum level of social isolation from friends, and to the degree respondent characteristics were disonant from neighborhood characteristics, there would be greater isolation from friends.

Most important for us was the section dealing with the age structure of the neighborhood. For poor old men, the higher the mean age of the neighborhood, the smaller the proportion who are isolated. This is in accord with Rosow's findings that density increases contacts with neighbors and that those with the least resources are most open to its effects. The proportion of solvent

old men with no friends, however, rises from 32 to 39% as mean age of neighborhood increases.

Using the proportion in respondent's block rather than in the greater neighborhood who are 65 or over, as the proportion of respondent neighbors who are 65 or over increases, the isolation of poor men drops from 37% to 17%. The isolation of solvent men rises slightly.

So far the findings are in accord with Rosow. Rosenberg also finds, however, that when greater neighborhood concentrations reach an extremely high level of 40% or more above 65, isolation of poor old men rises to 45%. This is more than in the youngest neighborhood. Isolation of solvent old men falls back to what it was in the youngest neighborhood.

It seems, therefore, that for the poor, higher age concentrations in the greater neighborhood may lead to isolation. This seems contradictory to Rosow. Rosenberg hypothesizes that this isolation may be due to the greater poverty of old people in general, so that when they live together in large numbers, the poverty is what operates to cause isolation. The data, however, show that age concentration has an independent effect on isolation. Most likely poverty, disability, and age become increasingly correlated in later stages of the life cycle. Therefore, when there is a large concentration of poor old people in the greater neighborhood, these factors together may operate to cause isolation. This represents a type of age homogeneity in which people are forced to live there because of lack of resources and need for services.

Again, Rosenberg does not consider what the lesser isolation of poor old men with greater homogeneity of the block, or the greater isolation of poor old men with higher age concentrations in the greater neighborhood, means for the elderly in the performance of primary group functions. Is lesser isolation beneficial in areas of social concern such as leisure participation only, or does it also help in the performance of functions such as help in long illness? Does greater isolation mean ineffective performance on all primary group functions, or only those associated with friends and neighbors?

Gubrium, in "Environmental Effects on Morale in Old Age and the Resources of Health and Solvency" (1970), used a stratified sample of 210 persons 60 and over in Detroit. He hypothesized that among those old people with poor behavior resources in terms of health and solvency, age concentration would be positively associated with morale. Among those people with satisfactory or better behavior resources, there would be little relationship between age concentration and morale. When old people are in good health and solvent, they would have sufficient behavioral flexibility so that the influence of the local environment and the social opportunities of age concentration are not as important. Gubrium developed a four-fold typology of age concentration as follows: (1) high--close proximity and age homogeneous; (2) intermediate--distal proximity and age homogeneous; (3) intermediate--close proximity and age heterogeneous; and (4) low--distal proximity and age heterogeneous.

In this study he omitted type 2 and used the following types of housing to represent the other levels of age concentration:

(1) large multiple unit dwellings such as high rise apartments and hotels exclusively housing aged persons;

(3) apartments and high rise dwellings with mixed age groups;

(4) housing consisting of single homes with mixed age groups.

For health and solvency, he asked the respondents to assess the present state of these resources in their lives.

The hypotheses were confirmed, as among persons in the good or fair health categories and among those in the solvent category, there was little positive relationship between age concentration and morale. Among old people in poor health and among the insolvent, there was a positive relationship between age concentration and morale.

These findings seem in contradiction to Rosow's, for whom health was an insignificant variable in explaining increased contacts with friends and neighbors with rising density. Differences may be explained in that Gubrium's densest category represents almost 100% homogeneity, while Rosow's was 40-50% aged households. In housing such as apartments and hotels which exclusively house the elderly, there would no doubt be many social and medical services which would help improve the lifestyle of the elderly. Gubrium's densest category would thus represent one particular type of age homogeneity in which the poor or those in poor health live together to make use of specialized services.

Gubrium's findings seem particularly important to this study in relationship to hypothesis 5, where I predicted that those with deficient resources would particularly be disadvantaged with less help in long illness, with increasing homogeneity, because of a lack of kin nearby. If people in the declining stages of health can benefit from the positive effects of age concentration, this may mean that they are not adversely affected by lack of kin nearby.

However, because "morale" is such a global variable, one does not know why those who are insolvent or in poor health have higher morale in Gubrium's age concentrated housing.[1] It may be that the quality of housing is better than when they live in mixed housing. It may be that they benefit from specialized services. It may be that since they have limited mobility, they benefit from the social aspects of this type of housing. It may be that this particular type of age homogeneity combines characteristics which are of aid to those in poor health or insolvent.

Because Gubrium did not specify primary group functions as dependent variables, one does not know in what areas of life the elderly who are in poor health or insolvent benefit or are harmed by this type of age concentration. While their overall morale improves in this type of housing, it is possible they still suffer in the area of less kin help in long illness.

Also, by defining high age concentration as involving apartments and hotels, Gubrium, like Rosow, is choosing a unit of analysis which

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[1] A more in-depth comparison of Gubrium's findings to those in the present study is included in Chapter 5.

may not reflect the age homogeneity of the surrounding area. Thus, his respondents may not be as distant from kin as respondents in this study, where the unit of analysis for age homogeneity is broader. Therefore, in Gubrium's study, the elderly with deficient resources may not suffer as much from lack of kin as the elderly with deficient resources in this study.

The present study thus has two important methodological advantages as compared to Gubrium's: (1) Primary group functions are used as dependent variables, so particular areas of benefit or harm, with increasing age homogeneity, to the elderly or to the elderly with deficient resources can be pinpointed. (2) The stratified sampling methodology used would provide a representation of many different types of homogeneous communities. Therefore, findings indicating the influence of homogeneity would not be due just to particular characteristics of one type of housing or community.

Age Homogeneity in Retirement Communities and Public Housing for the Elderly

Next I will review the major studies pertaining to age homogeneity researched in retirement villages and public housing for the elderly.

In "The Impact of Environment on Old People" (1967) and "Effects of Improved Housing on the Lives of Older People" (1966), Frances Carp reports on 1960 data on 352 applicants for Victoria Plaza, a new public housing facility for the aged. Data analysis considered changes over time for 204 applicants who moved in and 148 who did not.

Baseline data were collected before the applicants moved in, and follow-up data were collected 1 year and 15 months after occupancy. The ins and outs were quite similar in background and demographic characteristics, and an analysis of covariance model took into account initial differences between the two groups.

The residents versus the nonresidents showed a great increase in housing satisfaction and, most important for us, in their level of activity and social relations. Participation in clubs, less formal group activities and leisure activities multiplied. Compared to nonresidents, residents had more friends and more contacts with friends.

As in many of these studies, family contacts decreased. However, satisfaction with family as well as friends improved. An explanation of this seeming contradiction can be found in considering the findings related to health status. While nonresidents consistently showed a tendency to change for the worse on items related to physical and mental well-being, residents improved and had decreased time spent in health care and reduced requests for medical services. Therefore, residents may have had less need for kin. Also, when they did see their kin it was probably under more favorable circumstances than when nonresidents saw their kin.

Again, only by looking at primary group functions could one have determined precisely whether the lack of kin had any negative implications for residents.

On a disengagement index, residents had lower scores and nonresidents slightly higher after 27 months.

At the end of eight years, Carp (1975) followed up with data on 189 survivors, 127 from the study group and 62 from the comparison group, and generally found that improved life satisfaction and social relations persisted for the resident group as compared to the comparison group.

Of course, Carp's series of studies on Victoria Plaza must be considered with caution. Victoria Plaza represented one particular type of homogeneity. People were moving not just to an homogeneous area, but to better housing with better facilities and better services. They moved generally from substandard housing which was socially stagnant. They moved voluntarily and were oriented to this type of housing. One does not know to what degree they are representative of the aged population as a whole. The study considers one housing environment, and at this point one cannot be sure to what degree these findings can be generalized to other types of homogeneous communities.

What these studies do show is that improved housing and living conditions can lead to better social relations, more contacts with friends and neighbors, and greater life satisfaction and morale. The elderly person is not doomed uniformly to a gloomy unrewarding existence. Historically, this study was important in being one of the first to show greater contacts with friends and neighbors in an homogeneous community. A functional analysis would have demonstrated more precisely how and to what degree these contacts were helpful to the elderly.

As important as were Carp's studies in the area of public housing, were those of Sherman et al. in the area of retirement housing. In a series of articles, Sherman and colleagues reported on a study of 600 residents and their matched controls, 100 at each of six widely varying retirement facilities in California (Sherman, 1971, 1972, 1974, 1975; Sherman, Magum, Dodds, Walkley, & Wilner, 1968). The sites were a downtown retirement hotel, a rental retirement village providing apartments with few added frills, a single high rise building in an urban area which was assisted by federal grants, and a retirement village consisting mainly of single family homes in a mountain desert area of Southern California. This latter site has exclusive on-site recreation facilities including golf, swimming, and a specifically designed activities building. Also included was a somewhat more luxurious retirement village in Northern California and a church-sponsored life care facility licensed by the State Department of Social Welfare to give personal care and protective service.

One hundred residents were selected at each site through systematic sampling with background characteristics such as marital status, median income, education, and occupation varying between the sites. A control group was assembled from a pool provided by a marketing research study in the area. Respondents were matched on sex, working status, marital status, age, income, education, occupation, rental versus ownership, household composition and number of children. Respondents and controls were given semi-structured interviews and follow-up interviews two years later.

In "Psychological Effects of Retirement Housing" (1968), Sherman et al. summarize proponent arguments concerning retirement housing as including (1) a high concentration of aged peers to maximize the potential number of friendships and activity participation and (2) provision of recreation facilities and services. The opponents argue that retirement housing means separation from young people and isolation from the mainstream of society. There also may be too much pressure to be active and limited privacy.

In the above article and in "Patterns of Contacts for Residents of Age Segregated and Age Integrated Housing" (1975), Sherman reports results related to contacts with kin and neighbors. A substantial number at all sites had no children and of those with children only 31% saw any once a week or more. Test residents interacted less than controls with children, grandchildren and other relatives, and fewer had friends under forty. Test residents had more new friends and visited with more neighbors and aged peer friends than controls.

There was, however, very little test-control differences found on sufficiency of contact with friends, neighbors and kin. Sherman concluded that age segregated housing implies different spheres of contact but that either situation can be satisfactory for persons who have sufficiently made the choice. Sherman's measure of sufficiency, however, is a quite global question asked of respondents. Using Litwak's functional model, one would have been more able to specifically determine whether in age segregated housing residents really suffer because of lack of kin. For instance, do they suffer in less help in long illness or less help with money matters? Global

measures of sufficiency suffer from the elderly's answering in accord with how they would like things to be, rather than in accord with how things really are.

Eighty-eight percent at all sites claimed their relationship with their children is very satisfactory, but only 37% saw their children as often as they would like. This indicates that there might have been some suffering as a result of the absence of children. Two-thirds saw younger persons as often as they would like, so there were more complaints about missing children than about younger people as a whole.

There were very ambivalent attitudes about the young. While 60% said "having young people around would make it more fun," three-quarters were "just as happy without other people's children around all the time." Thirty-eight percent liked living in a place where there are no young people, while 36% moved to the site because of a wish to be with their age group. Unanswered is the question of what the absence of children and other young people means to these elderly in terms of possible non-performance of primary group functions.

In "Leisure Activities in Retirement Housing" (1974), Sherman found no test-control differences in a summed activity score in wave one. In wave two, however, more site residents than controls had a higher summed activity score at three sites. At every site but one, the activity score increased from wave one to wave two, while in every control group it decreased. There were significant test-control differences in club membership at three sites.

The differences in activity level at several sites, compared to controls, was attributed to provision of facilities and activities, concentration of like-minded people with availability of free time and interest, and to self-selection of activity minded people into the sites. There was a moderately positive relationship between activity level and several measures of outlook on life.

In Litwak's formulation, participation with the elderly in leisure activities would be considered a function based on common or age-related interests. Thus, the fact that activity levels are higher at some homogeneous sites is significant for this study. At least one function we associate with friendship seems to be stimulated at some sites. However, as there is no breakdown of which primary groups participate in leisure to what degree, one would not know if the higher activity levels are due at least in part to greater leisure participation by friends.

Another finding was that 94% of site residents found there was not too much pressure to participate in activities, though one-half to one-third, depending on the site, found people mind each other's business too much. Thus, there did not seem to be too much pressure to be active, but there was some intrusion on one's privacy.

In "Choice of Retirement Housing among the Well Elderly" (1971), Sherman asked, "What were the circumstances that brought you to move?" Important considerations included (1) declining energy level and health problems so that residents wanted a situation involving less responsibility, (2) desire to be near facilities and services, and (3) quality of dwelling unit relative to cost.

While people did not move for this purpose, those on site did develop more leisure companionship. At the conclusion of the second interview, respondents were asked to name the one thing they liked best about the sites. In general, at all the sites the most appreciated feature was the presence of friends, not feeling alone, and meeting high quality people. This study tends to confirm the social opportunities of retirement housing, but demonstrates that in initial attraction to sites, many other variables are operating.

In "Satisfaction with Retirement Housing" (1972), Sherman reports on results of wave one and wave two interviews. Also included was a retrospective question in wave one asking residents for a report of their liking for the site upon moving in.

Satisfaction was measured in four ways: (1) global liking for the site; (2) respondents' prescriptions as to whether others should move to special group housing; (3) respondents' claims as to whether they would make the decision to move again; and (4) whether respondents desired to move out.

At all three times, the global liking score for retirement housing was uniformly high. There were test-control differences as to whether retirement housing was recommended, indicating that people tend to prefer the housing they are living in.

The four measures of satisfaction were combined into a summed satisfaction score. The most critical variables in determining satisfaction were (1) the absolute degree of creature comforts provided, (2) relative lifestyle deprivation or satisfaction compared to one's reference group before moving, (3) goodness of fit between

a person's needs and the site's ability to meet these needs, and (4) alienation or integration related to presence or absence of primary groups. Other factors that for some contributed to satisfaction included (1) the match between degree of independence-dependence required by the individual and that available at the site, (2) the degree of financial commitment required and whether it was affordable, and (3) accessibility to services.

This study indicated that the components of life satisfaction are multifaceted and complex in retirement housing. Thus, measures of satisfaction may not be that sensitive to presence or absence of primary groups. The performance or non-performance of functions are more accessible measures of primary group effectiveness.

Sherman et al.'s studies do indicate the great possibilities of retirement housing for increasing friendship opportunities and contacts, for increasing activity participation, and for greater life satisfaction. They also point to less contact with kin and young people in retirement housing, and stress the importance of self-selection as a determinant of improved social relations in this type of housing. However, the lack of a consideration of primary group functions means one cannot determine whether the lack of children and young people is harmful, for instance in less help in long illness and less help in money management.

The use of different sites representing different types of retirement housing does increase the generalizability of the findings. Also, the use of matched controls does eliminate many resident characteristics as sources of the influence of this type of housing.

However, only retirement housing with very high levels of homogeneity is studied. The people who have moved to these facilities have moved as a matter of choice, and might be in relatively early stages of the life cycle, so that they can still stress leisure participation and the availability of friends. This type of housing would provide high levels of services, good facilities, and many opportunities for leisure.

However, retirement housing is only one type of homogeneous community. These studies do not indicate whether the benefits of these types of communities, in terms of increased social participation, would be evident in other types of homogeneity where residents may be in later stages of the life cycle, have less resources and may place less stress on leisure participation and friends. Does the structure of primary groups available in age homogeneous communities have an effect on primary group functioning beyond that which is due to particular characteristics of retirement communities?

Carp and Sherman's studies were followed by several others on retirement communities and public housing. To begin with studies of public housing, Lawton and Cohen (1974) tested the generalizability of Carp's findings on Victoria Plaza. Five new housing sites were assessed in terms of changes experienced by tenants in the first year of occupancy compared to changes in groups of community residents who did not move to new housing. The sites were two low-rent public housing sites and three lower middle income federally assisted projects occupied by people 62 and over. Principal components analysis and multiple regression were used with nine factors selected and applied to test and comparison groups.

The relocated were significantly higher in morale, perception of change for the better, satisfaction with housing, involvement with external activities, and satisfaction with the status quo. There was no significant difference in respect to "loner status," orientation to children or continued breadth of activity. The relocated were significantly poorer in respect to functional health.

Loner status was a measure of presence of family, interaction with family, and interaction with peers. Because it is a combined measure, its use is limited for our purposes, as we do not know if the performance of any particular primary group increases or decreases. One might have expected orientation to children to decrease in age homogeneous communities, but this is not the case. Perhaps the sample of public housing in this study represents a type of homogeneous community that is not as separate from the rest of the population as retirement villages. Also, that there is no change in "continued breadth of activity" is surprising. Perhaps these public housing sites do not provide the facilities provided in retirement villages. They may also represent elderly at later stages of the life cycle who are less vigorous and do not stress leisure or their friends as much, and therefore do not take as much advantage of the possible social benefits of this type of housing. These elderly may stress functions such as help in long illness and therefore may be particularly oriented toward their children and other kin.

This assumption is supported by the finding related to functional health. The authors speculate that residents perceive a

decline in functional health before applying for housing, and this perception is one of the reasons they apply. This would increase the importance of help in long illness, and also the need to have kin nearby.

The elderly in this sample did significantly improve upon relocation in all the global measures of satisfaction. Again, the use of functions as dependent variables would have pinpointed specific areas of harm or benefit to them from this type of homogeneous housing. The use of functions would have demonstrated whether lack of kin immediately nearby caused any suffering in help in long illness.

Teaf et al. (1973) related age integration to measures of elderly tenant well-being in data from the Philadelphia Geriatric Center's national study of housing for the elderly. They used a national sample of 20,001 elderly living in 104 public housing projects. Stepwise forced order multiple regression analysis was done for each of seven measures of well-being. After the predictability due to certain elderly tenant social characteristics and project characteristics were removed, the following findings were obtained. Elderly tenants living in more age segregated public housing projects had higher activity participation, functional health, housing satisfaction, mobility, morale and family interaction. The initial relationship between age integration and peer interaction was explained by tenant social characteristics (socioeconomic status, race, religion, ethnicity).

While reaffirming the benefits of age homogeneous housing, these findings contradict some of our earlier ones. Functional health here is better in age integrated housing, while for Lawton and Cohen it was worse. The difference may be due to the greater selectivity of Lawton and Cohen's sample, which probably overrepresented housing with elderly at later stages of the life cycle.

The increase in family interaction in this age homogeneous setting may be due also to differences in the sample of sites between Sherman's, Carp's, Lawton and Cohen's, and Teaf et al.'s studies. Also, public housing may not be as isolated from kinship interaction as retirement communities. Only the project itself, and not the surrounding area, may be age homogeneous.

In addition, to say that family interaction increases does not indicate that this interaction is meaningful. It is questionable whether this increased interaction would translate itself into increased aid for a function such as help in long illness. It may be that kin who live at some distance from the elderly in a public housing project would find it relatively easy to interact with residents, while finding it much more difficult to come and care for them when they were ill. Use of kinship functions as dependent variables may therefore have indicated that in this, as well as in other types of homogeneous communities, kinship aid decreases.

Though increase in peer interaction was explained by resident social characteristics, this increase is still an important finding for us. Remember, according to Rosow, friendship is facilitated by like status, of which age is one specific example. If like status

people (in terms of their social characteristics) are brought together in age homogeneous areas, and their similarities are associated with an increase in social relations, then Rosow's theory receives much support.

Hempe and Blevins (1973) studied a total of 63 persons 65 and over, living in federally subsidized low income high rise apartments. Of these, 33 were new tenants. Interviews in the total sample of 63 were also obtained six months after the initial interview. Before and after comparisons of interaction were possible.

Results indicated an increase in interaction with neighbors and friends for almost one half the sample. Kinship interaction remained relatively stable.

The interaction of a small minority, who belonged to a minimal kinship network and had little interaction with neighbors before moving, decreased. The rest of the respondents maintained the same high interactional level as before moving, because of a relatively high involvement in the kinship network. As in the Teaf-Lawton study, while neighbor-friend interaction decreased, there was no fall-off in kinship interaction. Of course, the validity of this study is questionable, given the small sample size.

Again, while there was no fall-off in kinship interaction, use of functions as dependent variables would have been the only means of determining whether kin performance of functions such as help in long illness had also remained stable.

Donahue in 1966 reviewed some individual case studies from among 125 persons recently moved into a planned public housing

project in Ann Arbor, Michigan. The housing was high in age density, but was also status housing. It was handsome, with excellent features and well run.

Donahue mentions one couple whom he calls the "E's." When this couple applied for housing, she was in poor health, depressed, mentally frail, complaining and demoralized. The husband, who was still active, was distressed by his wife's behavior. They had a small, shrinking income, and through an accident had lost all their furniture. Three months later, they were happily established with new furniture from their insurance. They taught bridge, sang in the choir, and aided in the operation of the new building vacuum cleaners.

Donahue states, "Their previous role behavior was put in conflict with the expectations involved in the housing" (p. 78). He felt growth occurs whenever an individual resolves a crisis by learning new sets of behaviors and integrating them into the ego. The homogeneous milieu offered protection while problems were being solved and offered a peer group with common interests that serves as a reference group.

Donahue states, however, that the crisis situation involves both opportunity and danger. "If the crisis is not resolved successfully, the ego may be seriously damaged" (p. 87). For instance, Mrs. C had been a newspaper reporter and editor, but now lived in an apartment in a dilapidated house in Ann Arbor. She was doubtful of her capacity to live alone because of severe visual and hearing losses and physical frailty.

In the project, she did not function well, and endangered her own safety because of her bad eyesight. In the past she hadn't had to meet tenant and landlord pressure to participate, but now became totally desolate.

Thus, Donahue demonstrates the possibilities of homogeneous environments for developing social support groups and for enabling people to reestablish important life roles. Mrs. C, however, might be an example of someone in a poorer state of health who suffers from lack of kin in an homogeneous community.

Thus, studies of the effects of public housing on social relationships have generally shown (1) increased contact with neighbors and friends, (2) increased life satisfaction and morale, (3) mixed results as to the frequency of contacts with the kinship group, and (4) higher activity participation. Results were also mixed as to the effect of homogeneity on functional health.

Public housing may represent a particular type of age homogeneity in which residents are less isolated from the surrounding areas and are less distant from kin than in other types of age homogeneity. As a result, there is greater interaction with kin than in other homogeneous areas. Only a functional analysis would indicate whether this greater interaction with kin is translated into greater kin performance of functions such as help in long illness.

Next I will consider studies of the effects of retirement communities. A retirement community is one particular type of homogeneity, so again care must be taken in generalizing the findings. Retirement communities usually have high degrees of age homogeneity,

represent good housing, and provide good facilities and services. They may represent elderly in relatively early stages of the life cycle who emphasize leisure and participation in activities with friends. Residents usually have financial resources.

Seguin (1973) used role theory as a framework for the study of peer socialization in a 312-unit retirement community in Southern California. She gathered data through observation of people, groups, and common areas, and through unstructured interviews. She had many candid conversations with residents.

While the board and staff were responsible for food, shelter, and health, the resident organization sponsored many activities for the residents. Seven of eight residents had responsibilities within this tenant organization, and the elaborate structure of the resident organization provided a framework for the development and articulation of many positions.

Those in need of much health care assumed a deviant and dependent role with access to the social structure limited for them. This dependent group provided positions of responsibility for others in caring for them.

Two-thirds of the residents were socialized to a conforming value structure which afforded continuity with middle class and previously defined competence. The other one-third were socialized to a deviant status which required rejection of previously defined competencies.

Thus, the resident social structure provided continuation of many functions related to peers in this community. The community

also tended to substitute for families in providing the long-term commitment function of health care. There are indications, however, that this care when provided by peers had strings attached. The strings were rejection from greater community life and the assumption of a deviant role.

Therefore, the structure of primary groups in this type of age homogeneous community did facilitate the performance of common or age-related interest functions. It also facilitated substitution for kin in help in long illness. Since care in illness was not provided by the groups with the most long-term commitment to the elderly (kin), there were strings attached.

Beckman (1969) similarly did a participant observation study of a garden type retirement village. The residents generally regarded the activity programs as satisfactory though they didn't participate as much as they might. There was some self-government which Beckman felt was made possible by the homogeneous ethic.

He believed that satisfaction with life was strongly influenced by social interaction and the large number of social contacts. Hours spent with friends were among the most cherished. The major social asset was "sympathetic companionship of aged peers." There was no indication of negative reactions to the site, apathy, clinical depression or other negative deviance.

Again, a functional analysis may have pinpointed areas of difficulty for residents at this site. Also, it is difficult to separate the influence of quality of housing and resources from that of the structural effects of homogeneity.

Perhaps the most well known study of the development of a social organization in a senior citizen housing project is The Unexpected Community by Arlie Russel Hochschild (1973). The author worked in the project as the assistant recreation director, interviewed the residents and lived among them.

In "Merril Court," upon the arrival of widows with very similar characteristics in the same setting, almost spontaneously a formal and informal structure of ties arose. These included recreation activities, political participation, and the widows looking out for each other's safety.

There was a strong value on "work" or at least being productive within the community. There was also an informal status hierarchy which seemed to be based on who was more "fortunate" or "lucky."

The relationship between the widows was characterized as being a "sibling" bond in which there is reciprocity and similarity between two people. The author contrasts this to the "parent-child" bond in which one party is more dependent than the other, and what is exchanged is different depending on who initiates the exchange.

The author says "the sacred and more indispensible parent-child bond fills complementary needs and binds polarities" (p. 36). The profane sibling bond "provides a fellowship to shore up one end of the complementary relationship, often reducing aloneness in a different way, with laughter more than comfort, conviviality more than the act of being needed" (p. 37). Hochschild thus recognizes the differences in functions performed by kin (parent-child bond) and peers (sibling bond). To the stress on long-term commitment by

kin, and on similarities by peers, he adds differences in the nature of reciprocity, depending on the type of bond.

Despite the strength of the neighbor and friendship ties at Merril Court, our shared function theory receives much support in this book. Relatives are still called on for functions that in our terms involve long-term commitments and in Hochschild's involve parent-child bonds. The grandmothers saw a lot of their relatives, made frequent visiting trips across the country to see children, and in large numbers had children living neaby. Daughters visited often.

Significantly, in accord with Litwak and Szelenyi's notion of "kinship ties over distance," most had not only close but what they called "good, emotionally rewarding relationships" with their children. Although relations with kin and with peers were sometimes brought together, on the whole they were kept separate. "Parallel to the economic dependence that distinguished the grandmothers' relations with children from those with peers was an emotional dependence of a very special identity-branding kind" (p. 59). Hochschild thus recognized the special "long-term commitment" aspects of kinship relationships.

Hochschild does not indicate whether distance from kin caused any problems for the widows. Only by considering performance of functions such as help in long illness could he have determined whether the structure of primary groups available or accessible were effective for functions requiring long-term commitment.

Also, Merril Court represents a type of homogeneity with almost 100% elderly, good housing, and fine services. It is

questionable whether the structure of primary groups available would be as facilitative of peer interaction in other types of age homogeneity? In this study, insights will be gained relative to this question through considering the influence of age homogeneity, while controlling for resources of the respondent and state of residence.

Sheley, in "Mutuality and Retirement Community Success" (1974), drew a sample of 40 of 1300 residents of a Northern California retirement community. He used relatively unstructured interviews in order to gain "the actors' views of the situation" (p. 79).

His findings supported previous ones of high degrees of satisfaction, the desire for self-centered activity, and a positive orientation toward life. All respondents had seen less of their children since moving to the village, and most feared becoming a burden to their children and relatives. Thus, Sheley is in support of Sherman's finding of less kinship contact in retirement communities, though he doesn't consider whether this evidences itself in less performance of long-term commitment functions. Sheley concludes that the "mutuality" of background creates a "sense of belonging" absent in a more heterogeneous community. It may offset the sense of insecurity or threat often felt in old age, and compensate for feelings of loneliness.

One study by Bill Bell (1976) contradicts the general findings of higher rates of activity and social interaction in "age segregated housing." Bell interviewed 115 individuals residing in congregate housing and a matched sample of 105 persons living in individual

residential units in an urban area of central Arkansas. Included among the congregate settings were retirement hotels, high rise, and communal dwellings. Census tracts were chosen to match as closely as possible those socioeconomic characteristics observed in the congregate settings.

Surprisingly, there was no significant difference between congregate and independent dwellers on an interaction index. There was also no significant difference in community interaction, kinship interaction, friend interaction, and church attendance. This remained unchanged for different categories of health, socioeconomic status, age, sex, and residential duration. Also, there is an inverse correlation between residential stay and interaction and between residential duration and life satisfaction for the congregate dwellings. Also, surprisingly, there are higher levels of life satisfaction for the independent versus the congregate dwellers.

One explanation is that the congregate dwellers have a higher percentage of retired, which accounts for slight but important differences in income and socioeconomic status. The changes in status and personal independence characterizing retirement would affect life satisfaction.

But what about the findings in regard to interaction? One possible factor is that in this study the respondents are not followed for a period of time. There was some indication in Sherman's studies that increased activity shows up between different waves of interviews over a period of time. Also, the independent group is a little higher in socioeconomic status, which may compensate for any

interactional disadvantage. Also, the congregate settings' facilities may not be as promotive of interaction as in other studies. As in other studies, there is no consideration of the possible different meaning of contacts in an age homogeneous versus an age heterogeneous community.

Self-Selection of Residents into Age Homogeneous Housing

There is now considerable evidence that those applying for age homogeneous housing versus those who want to live in age heterogeneous housing differ systematically on many important variables. There is also evidence that the characteristics of people applying for different types of retirement housing are also quite different. Thus, in comparing the impact of retirement housing on social relations, there is the problem of self-selection. People who apply may be those most in favor of this type of housing to begin with, and also those most open to the social opportunities of age homogeneous housing. This probably relates to their stage of life, as those who are relatively young and vigorous would stress leisure opportunities and participation in leisure with friends.

In Sherman's studies, the background characteristics of people at each site were very different in regard to marital status, median income, education and occupation. They were not representative of the total population of aged and tended to choose a site in great accord with their own needs. They were childless more than the general population and had ambivalent attitudes toward the young.

What site residents saw as positive at the sites in terms of less responsibility, desire to be near facilities, and services available, controls saw as headaches in terms of separation from other age groups, insufficient privacy and confinement. Site residents highly recommend specialized housing, while controls in ordinary housing highly recommended ordinary housing.

Winiecke (1973) analyzed data from an ongoing study of old age assistance recipients in Sacramento County, California. His sample was 256 noninstitutionalized recipients originally approved for cash grant assistance selected from a complete roster of cases. He found that those who were attracted to age homogeneous housing were generally more lonely and bored and attracted by having a variety of people and activities. Also, those who expressed interest tended to already have more friends than the rest of the population. They also tended to see their friends more frequently. They may have been at relatively early stages of the life cycle and stress leisure and leisure participation with friends. The personal predispositions of the residents may account for some of the higher degree of friendship contacts in age homogeneous housing.

Winiecke also found that, compared to social considerations, factors such as desire for lower rent, attractiveness of site, safety, and overall condition of housing were not strongly predictive of interest in age homogeneous housing.

Jackson (1972) supports the above findings in his comparison of successful and unsuccessful black applicants to the first public housing constructed for elderly citizens in Durham, North Carolina.

The accepted group had originally been more likely to visit and entertain friends and more likely to share activity with others. They also had been more likely to have the average number of opposite sex friends.

The accepted also had fewer original perceptions of housing as a major problem, saw their original neighborhood as more desirable, had greater feelings of economic security, and considered their health to be better than those not accepted. They were also less dependent and pessimistic.

Thus, the selection process used to determine who is accepted to age homogeneous housing may also choose people who have more friendship contacts to begin with, are more socially oriented, and have greater potential to take advantage of the benefits of this type of housing.

Peterson and Larson (1966) reported on the psychological characteristics of the first two mortgage units of 600-770 housing units to move into a retirement community in Laguna Hills, California. He also found that the families moving in were largely without children. In addition, they had high degrees of mobility in their recent past, and high organizational participation.

Also, 58% were moving with the knowledge that some friends and neighbors were moving at the same time as them, and 17% had relatives or friends who would be moving with them. This provides support for the idea that the elderly who are retired can move to be near friends. This would provide for overlap of friends and neighbors in age homogeneous communities. Again, it seems that a retirement community

may represent a type of age homogeneity in which the elderly are at stages of the life cycle in which they emphasize leisure and participating in leisure with friends.

Bultena and Wood (1969) interviewed 955 retired men in Wisconsin, Florida, and Arizona. In Wisconsin, they used a random sample of the retired and compared them to age integrated and age segregated samples in Florida and Arizona. The data supported the hypothesis that retirees who move to Florida and Arizona are more tolerant of unconventional behavior than peers who remain in their home community. Using eight statements tapping "attitude toward aged role," a significantly higher proportion of migrants than non-migrants took a permissive stand on 7 of 8 items. Also, there was a significant difference on two items between migrants in age integrated versus planned retirement communities. The latter had more permissive orientations.

The migrants came disproportionately from certain sections of the aged population (higher socioeconomic class, younger, from larger population centers) known to be tolerant of migration. For our purposes this also supports the notion that those who migrate to retirement communities are younger and have more resources and may therefore take greater advantage of the benefits of age homogeneity. It is hard to determine, therefore, whether the benefits of age homogeneity are due to the structure of available primary groups or to characteristics of the residents. In this study, we will gain insight regarding this question through controlling for resources of the respondent and state of residence.

The data thus support the notion that there is selectivity in migration of more permissive attitudes. Within status groups, however, there are still differences in permissiveness. This supports the notion that the migrant is socialized into new permissive normative patterns in retirement community living. Thus, it would seem that the structure of the primary groups and formal organizations available has some effects on attitudes and behavior.

The differences on two items between migrants from age integrated and age segregated settings supports the theory that residents of age homogeneous communities in general may also be self-selected for permissive attitudes and the demographic characteristics associated with them.

Summary of Findings and Relationship to the Present Study

To summarize the results of studies reviewed to this point, most studies done of the relationship of age homogeneity to social relations in urban communities, in public housing and in retirement communities have indicated that they promote contacts with neighbors and friends (Beckman, 1969; Carp, 1966, 1967, 1975, 1976; Donahue, 1966; Hempe & Blevins, 1973; Hochschild, 1973; Rosow, 1967; Seguin, 1973; Sheley, 1974; Sherman, 1971, 1972, 1974, 1975; Sherman et al., 1968; Teaf et al., 1973). Important exceptions include Bell's (1976) study of homogeneous and nonhomogeneous communities in Arkansas. Also, Rosenberg (1968), while finding that age density was generally inversely related to social isolation, also found that

very high densities of aged in the greater neighborhood tended to increase social isolation.

Most studies on these types of communities have also shown that they tend to increase activity participation which we would consider to be an age related or friendship function (Carp, 1966, 1967, 1975, 1976; Lawton & Cohen, 1974; Sherman, 1974; Teaf et al., 1973).

In addition, residents in public housing and retirement communities have been reported to have high "life satisfaction" and "morale" and high "life satisfaction" and "morale" compared to nonapplicants and matched control groups in the community (Beckman, 1969; Carp, 1966, 1967, 1975, 1976; Donahue, 1966; Lawton & Cohen, 1974; Peterson & Larson, 1966; Seguin, 1973; Sheley, 1974; Sherman, 1972; Teaf et al., 1973). Again, Bell's (1976) study was an exception, as "life satisfaction" was lower in his homogeneous settings.

In regard to the direct effects of contacts and participation on "morale," Sherman has shown some relationship, while Bell has shown none. Sherman found that different patterns of participation were not related to sufficiency of contacts.

In regard to contacts with kin, some studies have shown less contacts in homogeneous communities or a larger proportion of childless people in such communities (Carp, 1966, 1967, 1975, 1976; Peterson & Larson, 1966; Sheley, 1974; Sherman, 1975; Winiecke, 1973). Teaf et al. (1973), however, found higher family interaction in their sample of public housing projects. Hempe and Blevins (1973) found

this variable stable before and after moves to federally subsidized homogeneous apartments. Public housing may represent a particular type of age homogeneity in which the elderly are not as distant or isolated from their kin.

In regard to influence on functional health, Lawton and Cohen (1974) found it declined in age homogeneous settings, while Teaf et al. (1973) found it increased. Seguin (1973) and Donahue (1966) indicated that in absence of kin, there might be problems of health care in homogeneous settings.

Several studies indicated that self-selection was probably a significant variable influencing social relations and "morale" in age homogeneous communities (Bultena & Wood, 1969; Jackson, 1972; Peterson & Larson, 1966; Sheley, 1974; Sherman, 1971; Winiecke, 1973). Residents were oriented to this type of housing, had more friendship contacts to begin with, tended to be more social, were perhaps more permissive, and had different attitudes toward the young. They may have been at earlier stages of the life cycle where they would stress leisure and participation in leisure with their friends.

The dependent variables used in these studies present problems in interpreting the findings. Primary group contacts do not indicate whether these contacts were meaningful or whether they led to the performance of primary group functions. There is very little that analyzes the quality of contacts and only Sherman (1975) has a sufficiency measure. Only Rosow has begun to deal with the question of what primary group functions are performed best in age homogeneous versus age heterogeneous communities.

"Life satisfaction" and "morale" as dependent variables are too global and are influenced by a great many factors in a person's environment (i.e., personality, financial and physical resources, concrete problems such as crime or poor housing, access to facilities and services, and a wide variety of primary group functions). It is very difficult to separate out the structural influences of age homogeneity and social supports on "life satisfaction" and "morale" from that of the influences of all these many other factors.

The use of primary group functions as dependent variables in this study enables the following advantages: (1) Precise areas of benefit or harm to the elderly in age homogeneous as compared to age heterogeneous areas can be identified. (2) It is much easier to separate out the structural influences of age homogeneity than when using "life satisfaction" or "morale."

Another problem in interpreting the findings from the above studies is that the homogeneous areas studied tend to represent particular types of age homogeneity related to the respondent's stage of life cycle, level of resources, migrant status, and preference for certain functions (i.e., leisure) and primary groups (i.e., friends). The retirement communities and public housing that have been studied probably also have better quality housing and better facilities and services than other homogeneous communities, such as those in city neighborhoods. In addition, there is the problem of self-selection into these communities.

Therefore, study respondents have rarely been representative of the elderly population as a whole, and the age homogeneous

communities studied have not represented the various types of age homogeneity. It is therefore difficult to separate the influence of the structural characteristics of age homogeneity from that of other characteristics of the particular type of community, or from characteristics of the residents.

The interpretation of results in this study will benefit from its stratified sampling methodology. The sample will include all manners of homogeneity, which is an improvement over the specialized samples of most previous studies. By controlling for the resource situation of the respondent, and for state of residence, particular characteristics of communities and residents can be separated from the structural influences of homogeneity.

Through use of functions as dependent variables, and being able to control for resources, state, and proximity to primary group members, I will be able to demonstrate that there are situations for which the elderly are disadvantaged from and do not benefit with age homogeneity. These are situations for which the structure of primary groups available in age homogeneous areas does not match the requirements of the function to be performed. The studies above have indicated that contacts with kin decrease in age homogeneous areas. Thus, I have predicted that for a function that requires long-term commitment (help in long illness), the elderly will receive less help in these areas.

The elderly should also receive less help in these areas when they have deficient resources and require more long-term commitment

and expenditure of resources. Where long-term commitment is required, elderly suffering should increase with distance from kin, as in Florida.

On the other hand, I will also be able to demonstrate that there are situations for which the elderly will benefit from age homogeneity. The studies above have also found that contacts with friends and neighbors and activity levels tend to increase with age homogeneity and also have provided evidence for a social organization of friends and neighbors in these areas. Thus, I have hypothesized that a function based on common or age-related interests (participation in leisure) should be facilitated by age homogeneity. For another function ("watch place"), one structural characteristic in homogeneous areas is facilitated (many proximate primary groups) while another is not (slow speed of reaction). Thus, the performance of this function may benefit slightly with homogeneity.

Theoretical Explanations of the Influence of Age Homogeneity

There is another group of studies in the literature which have attempted to provide the theoretical explanations of the above type of findings. Some areas of investigation have included studies (1) explaining the increased interaction in homogeneous communities and the conditions of this interaction, (2) determining the conditions under which increased interaction is related to morale, and (3) determining the relationship of social interaction, environment and morale. The first group of studies is important to us as they relate

to how the structure of primary groups available in age homogeneous areas influence particularly the participation in leisure function. The second and third group of studies really extend beyond the scope of the findings of the present study. However, they are included because they can shed light on how the Theory of Shared Functions and the use of functions as dependent variables can lend new insight into the major theories of aging (i.e., Activity Theory and Disengagement Theory). They also provide further demonstration of the difficulty in using "life satisfaction" and "morale" as dependent variables to compare different types of environments.

One group of studies concentrates on the positive effect of like statuses on friendship formation, with aging as a special case. If friendship is based on like statuses, friends would be the "ideal" group for common or age-related interest functions. Thus, age homogeneous communities where like statuses proliferate would increase friendships and also the performance of these types of functions.

Remember, Rosow (1967) states that friendship and intensive associations develop among people of comparable social position and similar status characteristics of which age is one of the most compelling (p. 36). Given the loss of social roles and group memberships of the aged, he proposes that the most vital opportunities for the integration of older people in informal groups is among their aged peers.

Because friends are able to select one another freely, there is generally a high degree of matching on status characteristics and

similarity of values. This has been termed "homophily" by Lazarsfeld and Merton (1964). Studies indicate a high degree of matching among friends on such characteristics as age (Adams, 1967; Riley & Foner, 1968), life status and role (Blau, 1968; Rosow, 1967) and sex and socioeconomic status (Rosow, 1967).

Rosenberg (1968) has postulated that to the degree resident characteristics are consonant to neighborhood characteristics, there will be less social isolation. Sheley (1974) finds that mutuality of background and interest creates and reinforces in the resident a sense of belonging which may be absent in more heterogeneous communities.

In a significant study in 1969, George Bultena questioned 246 retired males in three planned retirement communities in Arizona (Sun City, Youngstown, and Dreamland Villa) selected randomly from a master list. Since close friends tend to be selected from persons of equal status, Bultena thought that maybe in a retirement community, factors other than class standing assume importance. For instance, residents share the experience of being uprooted, live in residential proximity, and have a common outlook.

He asked his sample to consider who they considered to be their three closest friends in the community, and tell him what they did for a living before they retired. He found that friends of persons at all status levels were drawn from across statuses but not randomly. "The hypothesized occupational congruence between friendship selection was generally supported. Occupational status was still a significant determinant of friendship in a retirement

community, though results indicated probably not as much of a determinant as in an age heterogeneous community" (p. 462). Therefore, occupational homogeneity would reinforce the effects on social relations of age homogeneity.

Another group of studies seeks to explain how activity and social relations are related to morale in retirement communities. In these studies the two major prevailing views of aging at the time, Disengagement Theory and Activity Theory, are used as starting points. Messer, in a much quoted study in 1967, reviews the arguments of the activity theorists that high levels of interaction should lead to higher morale. He also reviews the arguments of the disengagement theorists that social disengagement by older persons are accepted by both the individual and society and thus severed ties should have no significant effect on the morale of the aged. He also reviews Merton's argument that one of the mechanisms for alleviating role conflict is "the insulation of the activities of a role incumbent from those members of his 'role set' who occupy differential statuses" (p. 247). So age concentrated environments should be more coducive to an age appropriate normative system and higher morale. Intergenerational role conflict should be less likely in a situation where one generation is pbysically and socially concentrated.

Messer hypothesizes that in an age concentrated setting "a normative system is provided which mitigates some of the conflicts which may confront individuals who are disengaging from obligatory interactions" (p. 248). A high rate of morale among residents of age homogeneous settings should be a function of the normative system, not higher rates of interaction.

In a mixed age setting, morale should be more dependent on high rates of social interaction or activity as activity theorists have claimed. Proximity of the aging individual to a younger person works to maintain the middle aged stigma against social disengagement.

Messer took a stratified sample of 88 tenants of a public housing project exclusively for the aged and 155 elderly living in a mixed age setting. All respondents were low in socioeconomic status. He found 66% of elderly in the age concentrated setting to 43% in the mixed setting had high social interaction, confirming some previous findings. He found higher morale in the age concentrated setting but not of statistical significance.

As predicted, a high level of interaction was found to be associated with morale among older people living in a mixed aged environment, but the relationship disappeared in an age homogeneous setting. This supported the concept that age concentrated environments generate a "distinct normative system" with regard to expectations of social disengagement.

This finding is important for us as it helps explain previous findings. The normative system may be a significant intervening variable between effect of homogeneity on activity and effect of activity on morale. Messer did not consider, however, that there may be other types of homogeneous communities where the normative system supports activity. In retirement communities, for instance, the normative system should support activity, and perhaps activity should be associated with morale.

In addition, he did not consider the problem of the great many factors in the environment associated with morale. A high level of interaction in the mixed environment could be associated with many other factors such as good health or greater resources which could be influencing morale. He also did not consider how the normative system would operate on the relationship between other functions and morale. For instance, would an emphasis on activity in mixed communities mean that the residents would provide less help in long illness? Would being ill, therefore, be more negatively associated with morale in mixed settings?

Havens (1968) considered role theory, in which the way an individual plays his roles in society and culture as viewed by others determines the consensual validation he gets, which is important for adjustment. She suggested that activity theory must consider the meaningfulness of the activities involved. She believed voluntary activity would provide consensual validation while involuntary activity would not. Maintaining prior existing activities following relocation would demonstrate much adaptation.

Accordingly, she hypothesized (1) a high level of adjustment would be associated with continuation of activities after relocation; (2) a medium level of adjustment would be associated with substitution of related activities following relocation; (3) medium levels of adjustment would be associated with addition of new activities following relocation; and (4) a low level of adjustment would be associated with the discontinuity of most activities, with few activities being continued, substituted or added following relocation.

She sampled 88 people at a retirement village and considered 12 types of activity with 10 requiring sociability. She was able to identify continuer, substituter, and discontinuer types, and for these three groups, her hypotheses were confirmed.

Thus, the meaningfulness of activities in terms of their continuation of earlier life roles was demonstrated in this retirement community. Using a functional approach, we would be able to demonstrate the importance of the continuation of other primary group functions in retirement communities. Havens does not consider that which groups participate with the elderly might also have an effect on adjustment. Also, the importance of the continuation of past activities or assumption of new ones would depend on the elderly person's stage of the life cycle.

Ehrlich (1972) investigated an urban, midtown, age segregated, relatively new high rise apartment dwelling. He considered three life styles: (1) reciprocal--participation in activities with significant others; (2) nonreciprocal--participation in activities with or in presence of nonsignificant others; and (3) alone--engaging or participation in activities by oneself with no other person around.

Lifestyle was measured by frequency of contact with reciprocal or nonreciprocal others. There were also role count and life satisfaction scales developed.

Disengagement theory was somewhat supported by a higher role count of the younger residents and by a predominant modal alone lifestyle. All three lifestyles, however, were significantly prominent.

None of the lifestyles, however, had a significant relationship to life satisfaction. This is in contradiction with disengagement theory, which would predict higher life satisfaction with the alone lifestyle. It is also in contradiction with activity theory, which would predict higher life satisfaction with the continuation of former modes of activity as in the reciprocal lifestyle. Thus, individual choice of lifestyle must be considered when analyzing the effect of retirement living on performance of primary group functions.

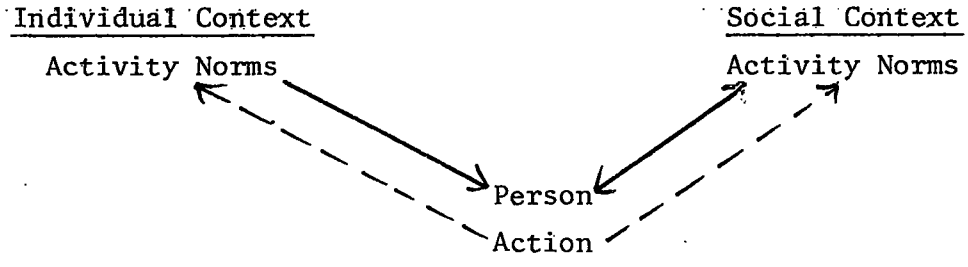
Ehrlich does not consider the possibility that "life satisfaction" is too global a concept to measure the influence of his lifestyles. Also, the lifestyles may involve performance or non-performance of other functions (i.e., help in long illness). For instance, someone in an alone lifestyle may have difficulty finding aid when he is ill.

These studies then tried to demonstrate conditions under which activity increases or decreases in homogeneous housing and how these conditions influence the relationship between activity and morale. In this study, we will concern ourselves primarily with whether there is significantly more opportunity for the performance of activity as a friendship related function, in age homogeneous communities. The performance or nonperformance of other primary group functions will also be considered. What primary group functions are still performed and who performs them would seem to have great relevance to both Disengagement and Activity Theory. They would provide a greater picture of what roles are continued or discontinued. The performance or nonperformance of functions could

then be related to more specific measures of satisfaction than "life satisfaction" or "morale," to gain further insight into Disengagement or Activity Theory. Questions could then be asked, such as, does greater friend participation in leisure in homogeneous communities lead to satisfaction with leisure in accord with Activity Theory? Or is there no relationship between friend participation and satisfaction with leisure as might be the case for someone in later stages of the lifestyle who is disengaging? Is someone who is disengaging and is not attuned to activity hurt by less friend and and neighbor help in long illness in retirement communities?

Gubrium (1972) in "Toward a Socio-environmental Theory of Aging" summarized the failure of Activity and Disengagement Theories. Instances of high morale or life satisfaction associated with isolation are unexplained by Activity Theory, while Disengagement Theory fails to explain the despair with life expressed by some who are involuntarily disengaged or socially isolated.

He suggests a "socio-environmental" perspective could account for these circumstances under the following model:



The social context would include normative outcomes of social homogeneity, residential proximity and local protection. The

individual context would include resources such as health, solvency, and social support. He suggests four types of resource-homogeneity situations:

Activity Resources	Social Context: Age Heterogeneous	Social Context: Age Concentrated
High	1	2
Low	3	4

Persons would be most satisfied with themselves and living conditions when there is congruence between what is expected by others of significance and what they may expect of themselves. According to this typology, high morale would be expected in type 1 and 4 environments, while in types 2 and 3, it should be lower. In type 3 people with low resources would feel an inability to function as a topnotch person under the performance expectations of age heterogeneity. In type 2, people would feel dissatisfaction because they are not using all their resources and not living up to their potential.

Gubrium also states that people in good health and solvent may possess sufficient behavioral flexibility so as not to be affected as much by local conditions. Those with less resources and thus less behavioral flexibility may be most sensitive to local environmental conditions and local norms.

Gubrium's formulation is important to this study, as it suggests that those in poor health will benefit from the normative prescriptions of age concentration. However, we predict that those in poor health or with deficient resources may particularly suffer in age homogeneous areas for functions such as help in long illness. Use of functions as dependent variables requires commitment and expenditure of resources which may be less forthcoming in homogeneous areas for those with deficient resources.

Gubrium ignores the possibility that the mixed results regarding the applicability of Activity or Disengagement Theory may be due to the difficulty in using such global dependent variables like "life satisfaction" and "morale."

Schooler, in two studies, further explored the relationship between social interaction, environment, and morale. In 1969, he used a purposive sample of 460 persons 65 or older in four urban areas of Massachusetts and one retirement village in the Southwest. Multiple factor analysis was used to investigate five environmental, seven social relations, and seven emotional health variables for males, and six environmental, seven social relations, and six emotional health variables for females.

He found that the three areas are quite complex concepts. Of 49 correlations between social relations and morale, 15 were significant for males and 11 for females, sometimes in accord with expectations and sometimes not. He found further that in 38% of the cases for females and 31% for males, when the third factor, environment, was introduced, the direction as well as the magnitude

of the relationship between social relations and morale changes. Schooler concluded that environment is not merely "the screen against which the dynamics of life are unfolded, but rather the matrix not only from which but within which the quality of certain life processes is determined" (p. 28).

In a later study (1970), Schooler hypothesizes that environmental characteristics affect successful adaptation to aging as reflected in older persons' morale, but the effect is moderated through formation and maintenance of social relationships.

He took a purposive sample of 4,000 elderly 65 or older in an area probability sample of all normal elderly living in the United States.

He used factor analysis of several measures of morale, physical environment, and social relations. He found the relationship between morale and social relations to be low to begin with and to be even less when environmental factors are controlled for. From this he concludes that environmental factors must act directly on morale without the intervening effect of social relations. This conclusion seems exaggerated, as he did not report on the direct effects of environment on morale.

Schooler's studies again show the difficulty in proving the effect of social relations on "morale" and "life satisfaction," "Life satisfaction" is a very complex concept influenced by a preponderance of variables including personal predisposition and environment. Also, measures of contact when used as indices of social relations may not be related to "morale" simply because they are not good measures.

The mixed results found in studies trying to prove the efficacy of Activity or Disengagement Theory may be partly due to "morale" and "life satisfaction" being too global as dependent variables. Intervening variables such as the normative system and resource situation also play a part. A consideration of functions has the potential of providing new insight into the major theories of aging. To what degree, for instance, can a person disengage from different functions without poor effect? Can one disengage from all relations with people or are there certain primary group functions which must continue? If, as Messer states, interaction is related to morale in age heterogeneous communities, is this all forms of interaction, or is interaction in certain functional areas particularly relevant?

Considering the difficulty in using "life satisfaction" and "morale" as dependent variables, better insight may be gained by developing a third theory of aging. The elderly at different stages of the life cycle would stress different tasks or primary group functions and different primary groups (Dono et al., 1979). For instance, those at relatively early stages of the life cycle would stress participation in leisure and the participation of friends. Those in later stages would stress help in long illness or help by kin. To consider if a particular type of living environment would be appropriate for the needs of the elderly, one must consider whether the structure of primary groups available matches the functions of most importance.

This study, in using primary groups functions as dependent variables, demonstrates how this approach can provide insight into

the effect on the elderly's functioning of one dimension of community structure (homogeneity/heterogeneity). The Theory of Shared Functions and functions as dependent variables could similarly provide insight into the effect of other dimensions of the environment on the elderly's functioning.

Primary Group Structure and Function and Primary Group Substitutability

The last area for review is that related to whether or not primary groups have different structures which are most appropriate for different tasks or functions. This research also relates to whether or not one primary group can substitute in the performance of functions usually performed by another.

This section of this review was originally completed by project staff for a project paper (Dono et al., 1979). As I agree with the conclusions, it is included here with some revision, so as to relate more specifically to the present study.

As Irving Rosow's work has already been included in depth, it will be omitted in this section.

Adams (1967), in "Interaction Theory and the Social Network," defines two social psychological attributes of social relations: (1) positive concern--obligation and need, when coupled with long-term involvement and continuing interest into a positive or affectional force; and (2) consensus--the sharing of common values, interests, and attitudes. Positive concern is analogous to Litwak and Szelenyi's primary group function of long-term commitment, while consensus is

analogous to their primary group function of provision of common or age related interests.

Then as Litwak, Adams associates positive concern (long-term commitment) with kin and consensus (common or age related interests) with friends. "Positive concern is partly a function of the long-term involvement and permanence of kin and consensus is a function of the volitional character of friends" (p. 68).

In interviews with 799 respondents in Greensboro, North Carolina, Adams gathered data generally in support of the Theory of Shared Functions. For instance, 73% see obligation as a contact motive for relationships with parents, 59% for siblings and only 28% for best friends. This is in accord with the long-term commitment function of kin. Feelings of closeness, however, didn't preclude affection, as 75% reported feeling quite close to parents, 61% to best friends and 48% to siblings. In contrast, best friends are seen by 75% as being high in value consensus as compared to 65% for parents and 45% for siblings.

Then he looked at interaction and found 88% were engaged in interaction with parents on special occasions, as compared to 73% with siblings and only 20% with friends. As interaction on special occasions is also a long-term commitment function, this finding is also in accord with Litwak.

On the other hand, 74% engaged with best friends in social activities (outdoor recreation, shopping, miscellaneous), while 43% engaged with parents and 48% with siblings. As social activities are age related functions, this is also in accord with Litwak.

In regard to mutual aid which implies commitment, 88% engaged with parents, 42% with friends, and 18% with siblings.

While the data generally supported Litwak, we must remember that only contacts with different groups and not effectiveness was measured. While long-term commitment functions were performed more often by kin, there was no proof this was effective kin performance. There was considerable overlap in what group performed what functions.

In a later article, Adams (1970) explains this overlap in terms of the increasing interchangeability of friends and kin in our society. Because of increasing technology and mobility, kin now have less claim to the loyalties and personal lives of man. Relationships with kin now involve more choice and are not as permanent. Now perhaps the basic component of kinship can also be found in friend relationships, and the basic component of friend relationships can also be found in kinship. He is saying that changes in the structure of kin and friends have permitted these groups to have greater overlap in function.

As part of the study by New York City's Department for the Aging of "The Elderly in the Inner City," Cantor (1977) identifies four alternative models of the process or basic principles by which different elements of the informal social network are activated: (1) the additive model--each primary group performs randomly chosen tasks; (2) the asymmetrical model--predicts that one primary group will supply all aid, and assumes that if that group is not available, aid will not be given; (3) the task specific model--predicts that the performance of function will be related to the structure of each

primary group (this model is in accord with Litwak and Szelenyi's Theory of Shared Functions); (4) hierarchical compensatory model--predicts the type of primary group chosen is based on order of preference. An individual prefers a given group to provide help regardless of task and uses another group only when the preferred one is not available.

In an unpublished paper, Litwak et al. (in progress) make the point that all the models except the task specific model make similar assumptions regarding the structural properties of primary groups and the dimensions of tasks performed by these groups. They all assume that "primary groups do not vary structurally in modern societies or that the variations do not matter for task performance or that tasks do not vary or that task variation is not a significant factor." These assumptions of course are contrary to the Theory of Shared Functions for which primary groups do vary structurally, and the variation in structure determines which groups will be best for the performance of different tasks.

Cantor's data tend to support model 4 with secondary support for the task specific model. For instance, ten hypothetical situations were described, and respondents were asked who they would turn to in these situations. Kin were preferred in all situations, even those where, according to the functional specific model, kin would not be chosen. For instance, in what seemed to be a function based on immediate emergency assistance--what would you do if you suddenly became sick or dizzy?--42.3% would turn to kin and 24.7% to non-kin primary groups. We would have expected neighbors to be more important.

There was some support for the task specific model. For instance, the most frequent type of help received from neighbors did seem to be in the area of time emergencies. Also, much of the aid provided by neighbors and friends during illness was sporadic, short-term, or connected with emergencies. In accord with the task specific model or Theory of Shared Functions, long-range assistance in caring for the chronically ill was generally left to kin.

Cantor also provided some data which tended to support the idea of compensatory neighboring or functional substitutability of primary groups. Where a functional child was present in the neighborhood, kin were the first choice in all situations. As distance from child increased, however, neighbors and friends became more important.

Many factors could help account for Cantor's results, particularly their deviation from the Theory of Shared Functions. (1) Again, effectiveness is not considered or mentioned. It is possible that while respondents turned to kin, the help received was not effective in areas for which kin were not structurally best suited. (2) The sample was not representative of the total population of elderly. It included those areas of New York City having the highest crime rate, infant mortality, welfare caseload and deteriorated housing. In these areas of constant tension, perhaps kin become more important. (3) There were some significant measurement issues that arise from Cantor's data.

Under (3) above, for instance, respondents often specified relatives who did not live nearby to handle tasks which require close proximity (e.g., the replacement of a light bulb). Cantor

accepted the respondent's answer at face value. The response could be interpreted, however, that the respondent answered with a non-available alternative because he/she really had no one to handle this kind of task effectively. If this type of response had been coded so as to say the respondent got less effective help, it would alter Cantor's conclusion that the task specific model was of secondary importance.

Another measurement issue in Cantor's and other studies is that the questions are not always worded to specify primary group functional dimensions in accord with the Theory of Shared Functions. Questions do not always clearly pertain to long-term commitment, common or age related interests, or to time emergencies, for instance. It is not always clear because of the general nature of some questions, to what aspect the respondents is reacting. For instance, to the question, What would you do if you suddenly became sick or dizzy?, respondents could respond to the need to have somebody they could count on when sick or to the need to have somebody help them immediately with their problem. In the first case they might turn to kin, while in the second they might turn to neighbors. If the question had been worded, Who would you turn to if you had sudden severe head pains and needed someone to immediately rush you to the hospital?, the time emergent quality of the question would have become of paramount importance. Thus, more of the respondents would have answered that they would turn to neighbors.

There are other studies in addition to Adams's and Cantor's which explore whether or not primary groups perform different tasks

and whether task performance is related to primary group structure. Muir and Weinstein (1962), for instance, analyzed with what groups respondents (females of unspecified ages) had exchanged favors of eight types: (1) lending food stuffs or kitchen utensils, (2) lending some money, (3) taking care of children, (4) helping with housework or cooking, (5) running an errand, groceries, etc., (6) having someone for a meal, (7) having someone for cards, t.v., etc., (8) providing transportation, (9) other.

The data generally support Litwak and Szelenyi's Theory of Shared Functions, with the group that seems structurally best suited predominating for items 1, 3, 4, 5, and 7. The data, however, are strongly influenced by the tendency of those high in socioeconomic status to have greater involvement with friends. Item 2, for instance, seems to involve a long-term commitment function, yet for the high socioeconomic status group, friends predominate over kin or nuclear family. For items 6 and 8, in which the functional dimensions involved are less clear, friends also predominate in the high socioeconomic status group.

The interpretation of this study also suffers because of the ambiguity of the questions in terms of our functional scheme. Another problem is that there is no categorical distinction made between nuclear family and kin. Parent, husband, and child are considered to be one group of contacts.

Gordon (1977) presented three hypothetical situations to a sample of women in Cork County, Ireland. The situations involved who would look after children in increasingly greater time periods,

one hour, two days and two weeks. This study is important for us, as looking after children for a short period of time approaches a time emergency for which neighbors would be the structurally best suited primary group. Looking after children for longer periods of time involves more long-term commitment, and kin should become the structurally best suited group.

For the total sample in this study, the selected sources of help were ranked as follows: For the one-hour task--neighbor, primary relative, friend, secondary relative, hire someone; for the two-day situation--primary relative, neighbor, friend, hire someone, secondary relative; for the longest task, relatives were the "overwhelming" choice, with little difference between the other sources. The findings thus tend to support the Theory of Shared Functions as with the requirement of increasing time commitment, the importance of kin increases and that of neighbors decreases.

Gordon then looked at the effects of availability of relatives and found that 53.5% of the respondents with relatives in the city and 74.2% of those with relatives out of the city chose neighbors for the shortest task. This may indicate that relatives and neighbors can substitute for each other in performing the shortest task.

Gordon then went further in looking at the effect of occupational prestige. Patterns of choices were similar to the total sample for four occupational prestige groups, except for a distinct negative correlation between prestige and kin usage. In all four groups the kin usage was greater for the longer situation than the middle.

Through the use of multiple regression analysis, Gordon introduced additional factors to help interpret the relationship between occupational prestige and differential use of primary groups. Lower fertility and geographic mobility were associated with occupational prestige and led to functional differentiation of primary groups by limiting the number of kin available. Also, in support of Muir and Weinstein (1962), high socioeconomic status tended to increase the availability of friends.

In this study, only a dimension of time was used to differentiate what was a long-term commitment function. Greater specificity in choice of questions would have aided analysis in terms of the Theory of Shared Functions. Other types of kin tasks or tasks associated with friends were not explored.

Lebowitz, Fried, and Madaris in 1973 presented a sample of Jewish residents of unspecified age in Portland, Oregon with hypothetical situations in several general areas. They asked, In the event that you need advice, help or assistance in any of the following circumstances, to whom would you turn? Areas were as follows: infant and child-rearing problems, financial matters, employment problems for yourself, employment problems for children.

Respondents were asked to check as many sources of assistance from the following as they wished: relatives, friends, community agencies, and professionals. They could also choose "I usually talk it over with husband, wife, or children", or "I usually just keep it to myself."

The nuclear family predominated in all areas, and in all cases except financial affairs, professionals came next. For financial affairs, relatives and friends were equally likely to be chosen. Equal percentages turned to relatives and friends for most areas, and the highest correlation between pairs of help sources for all problems was between friends and relatives. There seemed to be little differentiation between friends and relatives.

There was another set of correlations which tended to show that people used the same sources of help regardless of the problem, in accord with Cantor's asymmetrical or hierarchical dominance model.

That the nuclear family was so frequently chosen was not the most surprising aspect of this study. It is a structurally suited primary group for most tasks which require two people, and it often acts in coordination with other groups where large resources are required. What is surprising is the lack of functional differentiation of the other primary groups.

As in other studies, however, there is the major measurement problem of Leibowitz et al.'s use of very general sets of categories in their questions. They do not distinguish between uniform and nonuniform aspects of the tasks and thus encourage a possibly organizationally oriented response.

The categories chosen also do not distinguish between the dimensions of long-term commitment, time emergencies, or common and age related interests. A category such as infant and child-rearing problems, for example, could include long-term commitment aspects: Who would come and help you take care of the baby if he/she was sick

for a long period of time? It could also include time emergency aspects: If the baby was sick and you needed someone to immediately pick up some medicine at the pharmacist, who could you ask? In addition, this type of category could include common or age related interest aspects: Who would you commiserate with over how difficult it is to care for kids when they are sick? These measurement difficulties complicate the problem of analyzing this article in terms of the Theory of Shared Functions.

Babchuk in 1965 studied a sample of 39 couples from all age groups. He found that frequent getting together with friends did not seem to bear any relationship to how frequently couples see relatives. He was thus testing Rosow's compensatory association hypothesis. He also found that whether or not a couple had children had no effect on their friendship patterns. Babchuk's data thus lend support to the notion that kin and friends are separate primary group systems.

Arling (1976) administered 409 questionnaires to elderly widows in the Piedmont region of South Carolina. Simple indices of contact were used to measure family involvement, friendship, and neighboring. Morale measures included measures of whether one had a confidant, loneliness, whether one was worried, usefulness, and community respect.

Contact with family members was not related to morale, while friendship-neighboring were clearly related to less loneliness and worry, and a feeling of usefulness and individual respect within the community. Arling failed to see that the probable reason for the

lack of association between family contacts and morale is that the elderly tend to see their family in bad times, such as when they are sick or in trouble. The causal order is reversed with bad times leading to contacts with family, which therefore are not associated with greater morale.

Arling explored other explanations for the lack of relationship between contacts with family members and morale, while friendship-neighboring was related to morale. One explanation was that neighbors and friends made good companions and are able to share experiences, while in the family, there are differences in lifestyles and interests. This is in accord with our hypothesis that friends are best for age related functions and neighbors for functions based on the geographic area.

To test this explanation, various leisure activities were related to involvement with family, friends and neighborhood. Neighborhood involvement and contacts with friends is more strongly associated with activity than any of the family variables. A measure of "neighbors able to visit" was particularly related to those activities which are geographically based such as walking, attending meetings, shopping, and attending church and social events. Contact with friends was also related to the above activities which may have age related elements. Contacts with friends was related to participation in hobbies, while contact with neighbors wasn't. Hobbies may be more related to common interests that to geography. These findings tend to support the Theory of Shared Functions.

Activities such as television, radio, newspapers, and books were not related to any contacts with any primary groups, which mirrors their being "alone" pursuits.

Widows' health, income, and education may confound these results, as the same type of people in terms of health and physical capacity who see neighbors and friends may also be the ones who participate in activities. Incapacity, deprivation, and education were introduced as controls, but, for the most part, neighboring and friendship were independently related to activity measures.

One possible explanation for the lack of relationship between contact with family and morale was that the widows in this study were predominantly poor. Thus, they may not have been able to maintain their independence so as to relate to their family on their terms. With physical incapacity and economic deprivation controlled, however, the availability of children was only weakly associated with morale.

It is not possible to control for all the possible reasons for anxiety when one is in contact with his family. Obviously, the more reasons that are controlled for, the greater will be the positive relationship between family contacts and morale.

One weakness of this study for our purposes was that no long-term commitment functions were considered to test the effectiveness of kin contacts.

Thus, most of the literature related to differential structure and function of primary groups supports Litwak and Szelenyi's Theory of Shared Functions (Adams, 1967; 1970; Arling, 1776; Babchuk, 1965;

part of Cantor, 1977; Muir & Weinstein, 1962). There is some evidence that seems negative to the Theory of Shared Functions, including Cantor's data supporting the "hierarchical compensatory model" and Liebowitz et al.'s (1973) finding of lack of differentiation between relatives and friends in a sample of Jewish residents in Portland, Oregon.

These data, however, must be evaluated guardedly because of several measurement problems, as follows: (1) Questions are often defined generally and ambiguously so that they do not specify involvement with a specific structural dimension (i.e., long-term commitment, common or age related interests). Thus, when a respondent answers kin to a question as to who provides aid in illness, we do not know if he/she is responding to aid in emergency situations or aid over a longer time period. The former would be a time emergent function for which neighbors would be structurally best suited, while the latter would be a long-term commitment function for which kin would be structurally best suited.

(2) Often measures of effectiveness are not included. If respondents answer that they receive aid from kin for instance for a wide range of tasks, this does not mean that kin is the most effective group for every task. Effectiveness measures might show that, while kin may give the most aid, this group is not the most effective for all types of primary group functions.

(3) Often the sample used is not representative of the population as a whole. The sample may have special needs related to social problems or stage of the life cycle which restricts their

access to all primary groups and thus would limit their choice of the structurally best suited group for many tasks.

In sum, more studies are needed which define questions so as to differentiate between the basic structural-functional dimensions of primary groups. With these types of studies we would be able to determine whether and under what conditions structurally different groups have different functions.

Chapter IV

AGE HOMOGENEITY OF THE NEIGHBORHOOD AND PERFORMANCE OF PRIMARY GROUP FUNCTIONS

Measures

In this chapter, age homogeneity of the neighborhood is crosstabulated with primary group performance of each of the primary group functions studied.

The measure of age homogeneity of the neighborhood used for this study is as follows:

Item 22 in the Community Questionnaire asked of respondents:

22. Now, considering all the people living on this block, what percent are 65 years or older? Would you say . . .

> More than half are 65 or older
> Between 25% and 50% are 65 or older
> Fewer than 25% are 65 or older

An alternative measure was considered, and the interested reader is referred to Appendix B for a discussion of the choice of a measure of age homogeneity.

The dependent variables to be related to age homogeneity are three exchanges which were chosen to highlight the Theory of Shared Functions. This is the theory which is being used to explain the effect of age homogeneous neighborhoods on performance of primary group functions.

"Participation in leisure" is used as the common or age related interest function. The specific question in the Community

Questionnaire to measure participation in leisure reads as follows:

32. If you wanted someone to join you in your favorite free time activities, tell me which of the following people, if any (CARD A), would join you? (CHECK AS MANY AS APPLY)

    Neighbors
    Close friends
    Children
    Relatives
    Husband/wife/companion
    Someone else (specify)
    No one

"Watch place" is used as the proximity and speed of reaction function. The specific question in the Community Questionnaire to measure "watch place" reads as follows:

29. Now, let's talk in general. Suppose you had to go out of the house for an hour, to go to the store or to the doctor's, and while you were out someone tried to break into your place. Tell me which of these people (CARD A), if any, would be likely to see what is going on and call the police or tell you about it? (CHECK AS MANY AS APPLY)

    Neighbors
    Close friends
    Children
    Relatives
    Husband/wife/companion
    Someone else (specify)
    No one

"Help in long illness" is used as the long-term commitment function. The specific question in the Community Questionnaire to measure help in long illness reads as follows:

64. Now, I'd like you to think about people who might help you if you got ill and had to stay in bed for two or three weeks. Who, if anyone, would be helpful in feeding you your daily meals, helping you in and out of bed, bringing you water when you need it, and many things like that? Tell me which of these people (CARD A), if any, would be able to do this kind of job for two or three weeks either at your place or theirs? (CHECK AS MANY AS APPLY)

Neighbors
Close friends
Children
Relatives
Husband/wife/companion
Someone else (specify)
No one

In Chapter 4, the choice of primary groups (yes, no) for one other primary group function, "help with money matters," are also used as dependent variables in order to elucidate the analysis related to functions requiring long-term commitment. Help with money matters could be computed from three items in the study's Community Questionnaire (103, 104, 107). Respondents were asked who in the last six months had

> Helped with money matters like keeping track of bills, medical payments, Social Security, bank accounts and things like that.

Two statistical procedures are used for presentation of the data. All relationships between variables are presented first in crosstabulation. Then gamma is used as the measure of association between variables, with χ^2 (chi square) as the measure of statistical significance.

The independent variable "age homogeneity" is defined at an ordinal level of measurement. The choice of primary groups (yes, no) for each function, which are the dependent variables, are dichotomies which can also be treated as being defined at an ordinal level of measurement. Therefore, gamma is used as the measure of association, as it is an appropriate measure for variables defined at an ordinal level which may have more than two values, but not a great many values.

Gamma is a very useful measure, since, as defined below, it has intrinsic meaning whereby its definition does not depend on the particular situation in which it is used. This property enables comparison of the strengths of different relationships which may consider different variables (see Mueller, Schuessler, & Costner, 1970, pp. 279-292).

In computing gamma, every pair of cases in the crosstabulation table is considered. Each pair is checked to see if the relative ordering on the first variable (i.e., age homogeneity) is the same as their relative ordering on the second variable (i.e., neighbor participation in leisure). If the relative ordering on each variable is the same, the pair is said to be concordant. If the relative ordering on each variable is reversed, the pair is said to be discordant (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). For instance, a person who lives in a high homogeneity area and who does choose neighbors for participation in leisure is "higher" in the ordering on both variables than a person who lives in a low homogeneity area and who does not choose neighbors for participation in leisure. Conversely, a person in a high homogeneity area who does not choose neighbors, and a person in a low homogeneity area who does choose neighbors, is a discordant pair. The first person has "higher" age homogeneity but "lower" choice of neighbors than the second person.

The formula for gamma is:

$$\text{gamma} = \frac{P - Q}{P + Q}$$

It is the number of concordant pairs (P) minus the number of

discordant pairs (Q) divided by the total number of united pairs (P + Q). It takes on a positive value if the concordant pairs predominate, a negative value if the discordant pairs predominate, and a zero value if they are equal. According to the SPSS manual, "Alternatively, the value of gamma can be taken as the probability of correctly guessing the order of a pair of cases on one variable, once the ordering on the other variable is known. Here the sign tells us the direction of ordering to predict." Gamma can vary from +1 to -1 (Nie et al., 1975, p. 228).

Procedures

In this chapter, first I will test the structural requirements for each of the four primary group functions studied by considering which primary groups are most preferred by the whole sample of elderly for each function. In doing so I will also be considering whether the Theory of Shared Functions is the best explanation of how primary groups are chosen. The ideas for this section were first presented in our project report (Litwak et al., in process). They are adopted in some detail here for the four functions studied, because they are central to understanding the influence of neighborhood homogeneity, and the above report is not as yet available to the general public.

Once the structural requirements for each of the four functions has been confirmed, I will analyze the relationship between the level of primary groups performance and age homogeneity. If the Theory of Shared Functions is correct, the influence of age homogeneity on the level of primary group functioning should depend on the degree the

structural characteristics of the primary groups available in age homogeneous areas match the requirements for performance of each function.

The Choice of Primary Groups for Four Functions

According to the Theory of Shared Functions, the choice of primary groups for performance of a function should depend on the degree the structure of each of the groups matches the requirements for performance. The literature cited has provided much support for this view (Adams, 1967, 1970; Arling, 1976; Babchuk, 1965; Cantor, 1977; Dono et al., 1979). This theory is analogous to Cantor's (1977) task specific model, which was one of the four alternative models she identified of the process or basic principles by which different elements of the informal social network are activated. The other models identifies included (1) the additive model--each primary group performs randomly chosen tasks, (2) the asymmetrical model--predicts that one primary group will supply all aid, and assumes that if the group is not available, aid will not be given, (3) the hierarchical compensatory model--predicts the type of primary group chosen is based on order of preference. An individual prefers a given group to provide help regardless of task and uses another group only when the preferred one is not available.

Table 4 will enable testing of the theory that the choice of primary groups depends on their structures and will also enable testing of these alternative models. Table 4 expresses the relative frequencies by which the whole sample of elderly in this study would

Table 4

Percentage of Elderly Choosing Each Primary Group for Each Function[a]

	Participation in Leisure*	"Watch Place"	Help in Long Illness	Help with Money Matters
Neighbors	30%	72%	18%	1%
Friends	42	10	19	2
Child	17	6	27	19
Relatives	19	5	21	4
Spouse	26	10	32	20
No One	13	12	11	57
N's	1352	1352	1352	1300-1308[b]

[a]Each respondent was permitted to choose as many groups as they wanted for each function. That is why columns may add to more than 100%. Most respondents chose only one group. This is so for all following tables.

[b]Since help in money matters is a computed variable, in which the choice of different primary groups was ascertained from different questions, N's vary slightly when considering each group.

*Chi square = 3279.36 (p = .0000) over the entire table.

choose each primary group (or have no one) for the performance of four very different types of primary group functions (participation in leisure, "watch place," help in long illness, help with money matters).

The analysis of findings from Table 4 will provide strong evidence for the Theory of Shared Functions and against the other three models of how the choice of primary groups is determined. According to Table 4, which primary group is most preferred, and to what degree, depends on the task to be performed. In addition, the degree of choice of each particular primary group changes significantly with the task considered. Primary groups are not chosen randomly, and there is no particular primary group that provides all or most of the aid, regardless of function. Now the question arises as to whether the choice of groups in Table 4 follows the predictions made in accord with the Theory of Shared Functions.

Participation in Leisure

If the Theory of Shared Functions is correct, for participation in leisure, which is a function based on common or age related interests, friends should be the most preferred group. In fact, according to Table 4A, friends are the choice of the greatest percentage of elderly (42%) for participation in leisure, which compares to the next highest 30% of the elderly, who choose neighbors. In addition, friends are chosen far more frequently for this function than for any of the other three functions studied. They are chosen by only 19% of the elderly for help in long illness, by 10% of the

elderly for "watch place," and by 2% of the elderly for help with money matters. These findings confirm that the structural characteristics of friends best match the requirements for performance of this function, and therefore they support the theory that participation in leisure is a primary group function based on common or age-related interests.

It is also not surprising that neighbors are the next most preferred group for participation in leisure (30%), as neighbors and friends would frequently overlap in structure for this function (they may share common or age related interests with the elderly or may be the same people). As a result, friends and neighbors would often participate with the elderly together and would support each others' participation. Spouses are also chosen by a fairly high degree of the elderly respondents (26%), which is in accord with their sharing of common interests with the respondents related to being part of a common household as well as often being from the same generation. Children and relatives are chosen at lesser levels (17 and 19%), as they would not share common or age related interests with the elderly to the degree of the other groups.

Though friends are the most chosen group, all groups are chosen by substantial percentages of the elderly. This evidence supports the view that groups (friends, neighbors, relatives and spouses), may overlap in their common interests, and some forms of leisure reflect only these common interests. For these forms of leisure, different primary groups may participate with the elderly together. Overlap in common interests would be facilitated by common age status

or common daily time frame. For instance, a whole group of people who share a love for the sun and don't have to work, including an elderly person's spouse, best friends, next door neighbor, and brother, may accompany him to the beach.

However, the findings are also in accord with the theory that different groups may also have different leisure interests with the elderly person and may participate with him separately. Therefore, an elderly man may go to the theater with his wife, play golf with his friends and neighbors, and spend time discussing nostalgic events of their youth with a cousin or brother. It is possible that if the wording of the question measuring participation in leisure had been more precise, in regard to the type of leisure activity required, there would have been less overlap in choices of groups for leisure.

"Watch Place"

In accord with the Theory of Shared Functions, neighbors should be the most preferred group for "watch place," which is a function based on proximity and speed of reaction. In fact, according to Table 4, neighbors are overwhelmingly chosen by the greatest percentage of elderly respondents (72%) for this function, which compares to the next highest 10% of the elderly who choose friends and spouses. Respondents choose children (6%) and relatives (5%) at even smaller levels. Furthermore, the elderly choose neighbors to a much greater degree for "watch place" than for the other three functions considered. Thirty percent of the elderly choose neighbors for participation in leisure, 18% for help in long illness, and only 1% for help with money matters.

The structural characteristics of neighbors, therefore, best match the requirements for performance of this function. The evidence is in support of the theory that "watch place" is a function overwhelmingly based on proximity and speed of reaction, so that only neighbors would be proximate in large enough numbers to "watch" on a continuous everyday basis. For instance, spouses, who are physically proximate, are very likely to be out of the household on daily chores at the same time as the respondent. If the household unit were larger than the typical husband and wife marital dyad, then people may have used spouses and relatives more often. Also, many elderly are widowed and living alone and therefore don't have spouses available to "watch." Both of these factors are functions of the fact that the household unit is very small in size (i.e., marital dyad or individual).

Help in Long Illness

In accord with the Theory of Shared Functions, spouses and kin (children and relatives) should be the most preferred groups for help in long illness because it is a function based on long-term commitment. In fact, according to Table 4, spouses are most preferred (32%), with children following close behind (27%), and the third highest percentage of elderly choosing relatives (21%). This finding tends to indicate that relatives have less long-term commitment for the elderly than spouse or children. However, if one considers those who choose children or, if not children, relatives (i.e., sibling, cousins, grandchildren, etc.), then we would have

44% who choose a kin (children or other relative). This approach would highlight another aspect of the Theory of Shared Functions in showing that a group with long-term commitment and large size is chosen most often.[1]

In addition, spouse, children and relatives are all chosen more frequently for this function than for the other three functions considered. Compared to the 32% of the elderly who choose spouses for help in long illness, 26% choose spouses for participation in leisure, 20% for help in money matters, and 10% for "watch place." For children, these figures are 27, 17, 19, and 6% respectively, and for relatives 21, 19, 4, and 5%. Thus, the structural characteristics of these three groups (particularly spouse and children) best match the requirements for help in long illness, which supports the theory that this function is based on long-term commitment.

While smaller proportions of the elderly choose neighbors and (18%) and friends (19%) for help in long illness, they are still

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[1]A kinship system includes children and other relatives such as sibling, cousins, grandchildren, etc. In our society, children are most likely to build up long-term commitment for elderly parents. However, where people do not have children or children are not available, then other members of the kinship system may also be used because they aso have substantial degrees of long-term commitment. One of the features of a kinship system is its large size as well as long-term commitments. To illustrate some properties of the Theory of Shared Functions, therefore, it is optimal to treat all kin who are helpers alike. Thus, when considering help in long illness, one treats all these kin helpers alike to show kin is composed of a large group of people with long-term commitments, as contrasted to friends and neighbors, who have a large group but not so high a percentage with long-term commitment, or as contrasted with spouses, who have long-term commitment but are a very small group. To illustrate the centrality of long-term commitment but not size, contrasting spouse, children, and relatives is important, and "kin" must be broken down into its component parts.

chosen at fairly substantial levels. For this function, this finding probably reflects neighbor and friend substitution for kin who are unavailable. There should not be as much opportunity for overlap in structure and parallel performance of the primary groups as for participation in leisure, as all groups and particularly friends and neighbors would not share high levels of long-term commitment. However, when kin are unavailable, friends and neighbors may be forced to work together to provide aid. The patterns of primary group substitutability and support for this function will be explored further in Chapter 6.

At this point it should be noted that the choice of groups such as spouse, children and friends, while indicators of the degree of long-term commitment required, are far from perfect indicators (Litwak et al., in process). Thus, it is possible to find some neighbors and friends who have long-term commitment, and they are the ones who are most likely to substitute for kin and spouse.

Help with Money Matters

Help with money matters was included in this section as another example of a long-term commitment function. However, according to Table 4, money matters seems to be such a sensitive area of concern for the elderly, that most elderly (57%) prefer that no one should help them. However, the groups who are chosen most often are spouse (20%) and children (19%), those groups with the highest degree of long-term commitment, while groups with less long-term commitment (relatives, friends, neighbors) are almost never chosen

by the elderly (4, 2, and 1%). The information shared in helping someone with their money matters is so sensitive, that when the elderly do want help, they would only trust those who are most committed to them with this information. Though this is largely a "self" function, when the elderly do want help, the structural characteristics of spouse and children best match the requirements for performance. Thus, help with money matters can also be considered as a long-term commitment function.

Summary and Significance of Findings

Findings in Table 4, therefore, are supportive of the Theory of Shared Functions. In general, different groups are chosen by the elderly to the degree their structures match the requirements for performance of a function. Which group is the most preferred for each function also depends on the structural requirements for performance.

Findings confirm that participation in leisure is a primary group function based on common or age related interests, as friends are the most preferred group. "Watch place" is a function based overwhelmingly on proximity and speed of reaction, and neighbors are overwhelmingly preferred. Help in long illness is a long-term commitment function, and spouses and kin are the most preferred. Money matters can affect the future of the elderly and therefore requires long-term commitment, and thus groups are chosen who are highest in long-term commitment (spouse and children).

If the structural requirements for each of the four functions are accepted, one can predict the relationship between neighborhood age homogeneity and the level of primary group functioning for each of the four functions studied. According to the theory developed in Chapter 2, the primary groups available in age homogeneous areas should stress common or age related interests, proximity of large numbers of age peers, and a common daily time frame. These characteristics are due to the greater presence and proximity of friends and neighbors and their overlap in structure, which is based on a common age status, and the ability of retired elderly to move to be near their friends. However, in these areas, there may be a deficiency in primary groups stressing long-term commitment, as most studies have indicated that the elderly in age homogeneous areas have fewer contacts with kin, who may live at some distance.

The Theory of Shared Functions suggests that age homogeneity should only be beneficial for the performance of a primary group function which matches the structural characteristics of age homogeneous neighborhoods. This view is contrary to the theory that age homogeneity is generally beneficial for increasing social supports for the aged in most areas of life functioning. If this latter theory is best for predicting the influence of age homogeneity, age homogeneity should be positively related to the level of primary group performance of all primary group functions used in this analysis.

Participation in leisure with the elderly is a primary group function which requires participants' matching on common or age related interests and should also be facilitated when the elderly

have a common daily time frame. Therefore, participation in leisure with the elderly should benefit from each of the structural characteristics of the primary groups available in age homogeneous areas and therefore the level of primary group functioning for participation in leisure should be facilitated by age homogeneity.

"Watch place" is a primary group function based on proximity and speed of reaction, and therefore the level of primary group functioning for "watch place" should benefit from the large number of proximate primary group members available in age homogeneous areas. However, there may be a negative aspect of the structure of primary groups available in age homogeneous areas for "watch place," as the elderly residents may have suffered some loss in their speed of reaction to emergencies. Thus, the benefits of a large concentration of neighbors may be somewhat offset by a lack of physical strength and fast reaction time, which would be greater in areas where there are younger neighbors. The factor of age commonality itself would not be as beneficial for "watch place" as for participation in leisure. In addition, in most areas, regardless of homogeneity, there may be enough proximate neighbors to effectively watch one's place .

Therefore, "watch place" for the elderly does not match the structure of available primary groups as well as participation in leisure. Thus, the relationship between age homogeneity and the level of primary group performance for "watch place" should not be as strong as that between age homogeneity and the level of performance for participation in leisure.

Help in long illness is a primary group function based on long-term commitment. Since age homogeneous neighborhoods tend to exclude two key groups with long-term commitment (children and relatives), the level of performance for this function should decrease in age homogeneous areas. However, it is possible that this as well as other long-term commitment functions may be performed well over distance by use of modern means of communication and transportation (Litwak & Szelenyi, 1969). Another possibility is that those living in age homogeneous areas will tend to develop new forms of primary groups in which neighbors and friends overlap, and this will enable them to substitute for kin in the performance of long-term commitment functions. However, if one compares the elderly with kin living nearby (age heterogeneous) with those with kin living away (age homogeneous), it is unlikely that the level of priamry group performance for this function will benefit from age homogeneity, and it is likely that there will be some drop in this level of functioning.

When the elderly do choose primary groups to help them with money matters, they almost always choose spouse and children, the groups highest in long-term commitment, and almost never choose relatives, neighbors and friends. Therefore, the deficiency of long-term commitment groups in age homogeneous areas may be more harmful to the level of primary group performance for this function than for help in long illness. It would be likely that for help with money matters, friends and neighbors could not substitute to the same degree for absent kin, as they would for help in long illness.

Therefore, the predicted ordering of the four primary group functions as to the degree their level of primary group performance will benefit or be disadvantaged from age homogeneity (from greatest benefit to most disadvantage) is as follows: (1) participation in leisure; (2) "watch place"; (3) help in long illness; (4) help in money matters.

Now I will analyze the relationship between age homogeneity and primary group performance of each of the four functions, one at a time, in order to test the above prescriptions. For each function, I will first consider how the choice of each primary group is affected by age homogeneity. Then I will consider, in summary, how the overall level of primary group functioning changes with age homogeneity.

Primary Group Participation in Leisure and Age Homogeneity

Table 5 analyzes the relationship between the choice of primary groups for participation in leisure and age homogeneity. According to Table 5, there are strong positive relationships between the choice of neighbors and friends for participation in leisure and age homogeneity. The percentage of people choosing neighbors to participate with them increases from 21 to 40% between the low and high homogeneity areas. Gamma for the relationship between choice of neighbors and age homogeneity is the highest positive relationship of all, +0.29.

With increasing age homogeneity, neighbors would become more and more similar to our respondents in regard to age status, which

Table 5

Primary Group Participation in Leisure by Age Homogeneity of the Neighborhood

	The Percentage of Respondents Who Would Choose Each Primary Group[a]			Row Totals	Gamma
	Low Homogeneity (<25% elderly)	Mod. Homogeneity (25-50% elderly)	High Homogeneity (>50% elderly)		
Neighbors	21%	27%	40%	30%	+0.290*
Friends	37	38	51	42%	+0.199*
Child	21	19	10	17%	-0.258*
Relatives	21	18	18	19%	-0.054
Spouse	27	27	26	26%	-0.011
No one	18	12	10	13%	-0.245*
Number of respondents at each level of homogeneity	(412)	(468)	(472)	N = 1352	

[a]Individuals were permitted to choose as many groups as they wanted in this and all following tables. That is why columns add to more than 100%.

*Chi squared significance at $p < .01$.

should foster their sharing of common or age related interests with these respondents. As a result, the choice of neighbors as leisure companions increases a great deal between the low and high homogeneity areas. In effect, the choice of neighbors increases, as their structure approaches that of the most preferred group, friends. This finding is in support of the theory that a group will be chosen to the degree its structure matches the requirements of task.

The percentage of people choosing friends as leisure companions also increases to a large degree between the low and high homogeneity areas (37 to 51%), though the relationship between choice of friends and age homogeneity (gamma +0.199) is not quite as strong as for the choice of neighbors (gamma +0.29). Because friends in nonhomogeneous areas, as well as those in homogeneous areas, would be likely to share a common age status with the elderly respondent, the elderly's choice of friends does not benefit as directly from age homogeneous neighborhoods as the choice of neighbors. The only question, then, is why does the use of friends increase with age homogeneous areas?

Many of the studies already cited suggest that age homogeneity of the neighborhood should lead to increased development of friendship for the elderly because there are more people of the same age readily available. Another way of stating this theory is that as neighbors become more and more age homogeneous, they will become friends, as they will share the key structural characteristics of friends (common or age related interests). As a result, it is this greater opportunity for friendship which would lead to the increase in choice of friends as leisure companions in age homogeneous areas. While the choice of

neighbors benefits directly from their age homogeneity, the choice of friends benefits indirectly.

Support for these speculations is provided by Table 6, which analyzes the relationship between the elderly's number of close friends and age homogeneity. What can be seen is that the probability of having more than 5 close friends increases with age homogeneity of the neighborhood. That is, 38% of the people in low homogeneity neighborhoods have 5 or more close friends, while 49% in high homogeneity areas have 5 or more close friends (gamma +0.136).

The large increases in the choice of both neighbors and friends as leisure companions between the low and high homogeneity areas thus support the theory that in age homogeneous areas both friends and neighbors may be age peers who as a result share common interests and a common daily time frame and would participate in leisure together with the elderly. This overlap in structure is supportive of Rosow's (1961, 1967) theory that in age homogeneous areas, a social organization of neighbors and friends develops based on their common age status. A key question for this study, however, is whether this overlap in structure or social organization will be as beneficial for the performance of other functions which have different structural requirements and for which friends are not the most preferred group.

In contrast to the situation for neighbors and friends, Table 5 indicates that there is a strong negative relationship between the choice of children as leisure companions and age homogeneity (gamma -0.258). The percentage of elderly choosing children to participate with them decreases from 21 to 10% between the low and high homogeneity

Table 6

Presence and Proximity of Primary Groups by Age Homogeneity

Presence of Primary Groups	Low Homogeneity	Mod. Homogeneity	High Homogeneity	Gamma
A) Number of close friends:				
None	15%	16%	10%	+0.136**
1-5	47	46	41	
Over 5	38	38	49	
	(409)	(466)	(465)	
B) How often one talks to neighbors:				
Daily, often	65	79	86	+0.345**
Every week, month, yr	22	15	8	
Seldom, never	13	6	6	
	(410)	(467)	(472)	
C) Has children:				
Yes	75	69	70	-0.070
No	25	31	30	
	(411)	(468)	(472)	
D) Marital status:				
Married	42	35	41	-0.006
Unmarried	58	65	59	
	(411)	(468)	(466)	
E) Relatives in touch with:				
None	16	12	12	+0.040
1-5	53	52	55	
Over 5	31	36	33	
	(365)	(426)	(424)	
Proximity of Primary Groups	**Low Homogeneity**	**Mod. Homogeneity**	**High Homogeneity**	**Gamma**
F) Number of friends less than 30 min. away:				
0	22%	22%	16%	+0.083*
1-4	42	41	42	
Over 4	36	36	42	
	(404)	(461)	(465)	
G) Number of children less than 30 min. away:				
0	54	57	71	-0.202**
1	33	24	22	
Over 1	13	19	7	
	(389)	(446)	(445)	

Table 6 (continued)

Proximity of Primary Groups	Low Homogeneity	Mod. Homogeneity	High Homogeneity	Gamma
H) Number of relatives less than 30 min. away:				
0	55%	54%	63%	-0.109**
1 or 2	24	21	23	
Over 2	21	25	14	
	(347)	(408)	(400)	

*Chi squared significance at .10 > p > .05.

**Chi squared significance at p < .01.

areas. Unlike neighbors, children do not alter their prior age characteristics when their elderly parents live in age homogeneous areas, so that they do not adopt the structural characteristics of friends. In addition, according to the studies cited, as neighbors become more age homogeneous, children would be less likely to live near their elderly parents, and therefore would be less likely to be their choice as leisure companions. Table 6 provides verification for this view. It can be seen in Table 6 that in the low homogeneity areas, 46% of the elderly respondents have at least one child who lives less than 30 minutes away, while in the high homogeneity areas, only 29% of the elderly respondents have at least one child less than 30 minutes away (gamma -0.202).[1]

Table 5 indicates that the percentage of people choosing relatives to participate with them decreases from 21 to 18% between the low and high homogeneity areas, which is a slight 3% decrease (gamma -0.054). The relationship between choice of relatives and age homogeneity is not statistically significant. This finding is somewhat surprising, as relative proximity decreases significantly with age homogeneity, though not to the same degree as child proximity. In low homogeneity areas, 45% of the elderly have at

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[1]One reason there are fewer proximate children in homogeneous areas could be that those who live in those areas are more often childless (for example, see Sherman, 1975). However, Table 6C indicates that only a slightly greater percentage of elderly living in the high homogeneity areas (30%) are childless as compared to those living in the low homogeneity areas (25%). Those living in the moderate homogeneity areas are as often childless (31%) but much more often have proximate children (43 to 29%) than those in the high homogeneity areas.

least one relative who lives less than 30 minutes away, which compares to 37% of the elderly in this state in high homogeneity (gamme -0.109, Table 6).

While relatives do not alter their prior age characteristics when the elderly's neighbors become age homogeneous, we could speculate that relatives include many people with a common age status to the elderly respondent (i.e., sibling or cousin). Therefore, these relatives might more easily live in age homogeneous communities, while children would not, so that relative proximity declines less with homogeneity than child proximity.

In addition, relatives who live in age homogeneous areas are more likely to share a common age status with the elderly respondent than relatives who live in age heterogeneous communities. Therefore, for the choice of relatives as leisure companions in age homogeneous areas, the fact that the elderly have less relatives who live nearby may be balanced by the possibility that those relatives who are nearby share a similarity in age status with the elderly respondents. As a result, the choice of relatives as leisure companions varies little with age homogeneity.

In age homogeneous areas, the relatives who are available and share a common age status with the respondents may, therefore, share some of the structural characteristics of friends, and may overlap with friends and neighbors in leisure participation.

According to Table 5, the percentage of elderly choosing spouses as leisure companions is quite stable with increasing age homogeneity. In low homogeneity, 27% of the elderly choose spouses,

which compares to 26% in high homogeneity (gamma -0.011). Spouses must perform a significant and specific leisure function, regardless of the age status of neighbors. Their age characteristics would not vary with age homogeneity of the neighborhood. In addition, according to Table 6 the percentage of elderly who are married does not vary much with homogeneity. In low homogeneity areas 42% of the elderly are married, while in high homogeneity areas 41% of the elderly are married (gamma -0.006).

In summary, the findings so far suggest that the level of primary group functioning for participation in leisure in age homogeneous areas is improved by the increased ability to use neighbors, who share a common age status, and indirectly by the development of more friends in the neighborhood. This latter finding is quite important considering that friends are the "ideal" or most preferred group for this function. However, with age homogeneity, there is a decrease in the ability to use children who are not age peers and who are less proximate. There is no significant relationship between the choice of relatives and age homogeneity, as the lesser proximity of relatives in age homogeneous areas is balanced by their greater degree of age commonality with the elderly respondents. The choice of spouses is stable with age homogeneity.

The increase in the percentages of people choosing the most preferred groups, neighbors (+19%) and friends (+14%), with age homogeneity is substantially greater than the decreases on this measure for children (-11%) and relatives (-3%). Therefore, the overall level of primary group participation in leisure is probably greater in age homogeneous areas.

This finding is confirmed by the strong negative relationship between the percentages of people who have absolutely no one to choose as leisure companions and age homogeneity (gamma -0.245, Table 5). The percentages of people who have no one to choose decreases from 18 to 10% between low and high homogeneity. The lesser level of people with no one provides evidence that age homogeneity is strongly related to a greater level of primary group participation in leisure. This is based on an increase in the ability to use the most preferred groups, neighbors and friends, which outweighs a decrease in the ability to use children.

Findings so far are in accord with either of the two theories of the influence of age homogeneity presented. They are in accord with the theory that age homogeneity generally leads to greater social supports for the aged. The results are also consistent with the Theory of Shared Functions, as participation in leisure is a primary group function which matches the structure of available primary groups in age homogeneous areas, and therefore should be facilitated in these areas. It would be facilitated by all of common or age related interests, the availability of large numbers of proximate age peers, a common daily time frame, and an overlap in friends and neighbors.

For example, as a result of their common age and stiff muscles, an elderly person may share a love for the sun with his friends and neighbors. As they are proximate to each other and share a common daily time frame, in age homogeneous areas, they can easily arrange to get together the next morning and go to the beach together. His spouse and his cousin who lives nearby are also age peers and may

decide to come along. Once at the beach, there is a whole range of interests related to their age (certain favorite musicians, children, complaints about health services, memories of the great depression) which provide material for a lively discussion.

Primary Group "Watch Place" and Age Homogeneity

According to the theory developed earlier, as the structure of primary groups available in age homogeneous areas does not match the requirements for watching one's place as well as for participation in leisure, there should not be as strong a relationship between the level of primary group functioning and age homogeneity for "watch place" as for participation in leisure.

Table 7 analyzes the relationship between the choice of primary groups for "watch place" and age homogeneity. By looking at Table 7, it can be seen that there is a moderately strong positive relationship between the choice of neighbors to watch one's place and age homogeneity (gamme +0.117). The percentage of people choosing neighbors to watch their place increases from 72 to 78% between the low and high homogeneity areas. Thus, the choice of neighbors, which is the most preferred group for this function, does increase, but to a smaller degree than the increase in choice of neighbors for participation in leisure (gamma +0.29).

Age homogeneity of neighbors is not as important for "watch place" as for participation in leisure, as this function is based on proximity and speed of reaction and not on common or age-related interests. In actuality, the age commonality of neighbors may have

Table 7

Primary Group "Watch Place" by Age Homogeneity of the Neighborhood

	The Percentage of Respondents Who Would Choose Each Primary Group			Row Totals	Gamma
	Low Homogeneity (<25% elderly)	Mod. Homogeneity (25-50% elderly)	High Homogeneity (>50% elderly)		
Neighbors	72%	67%	78%	72%	+0.117**
Friends	9	11	11	10%	+0.094
Child	6	8	4	6%	-0.174*
Relatives	5	6	3	5%	-0.120
Spouse	9	11	9	10%	-0.026
No one	15	12	10	12%	-0.134
Number of respondents at each level of homogeneity	(412)	(468)	(472)	N = 1352	

*Chi squared significance at .05 > p > .01.

**Chi squared significance at p < .01.

a negative influence on the choice of neighbors to watch one's place, as elderly neighbors may not be able to react as speedily or forcibly as younger ones. Therefore, the degree of choice of neighbors would not benefit from the direct effect of age homogeneity for "watch place" as it did for participation in leisure.

On the other hand, in age homogeneous areas where many elderly are retired, friends may move to be near other friends and thus may assume the proximity of neighbors. In addition, the elderly may have moved specifically to be near other elderly. As friends and other elderly acquire the structural characteristics of neighbors (proximity) they may become neighbors. Therefore, the degree of choice of neighbors to watch one's house may benefit from the larger number of neighbors (proximate primary groups) in age homogeneous areas. Table 6 supports these speculations, as it provides an index of the change in the level of neighboring between low and high homogeneity areas. As can be seen in Table 6, the percentage of elderly who daily or often talk to their neighbors increases from 65% in low homogeneity areas to 86% in high homogeneity areas (gamma +0.345).

Overall, the degree of choice of neighbors for "watch place" benefits from the large numbers of proximate neighbors available, which somewhat outweighs the loss of speed of reaction due to a common elderly status in age homogeneous areas. The frequency of choice of neighbors benefits from the overlap in structure of friends and neighbors (friends become neighbors) in homogeneous areas. Nevertheless, age homogeneity does not facilitate the choice of

neighbors as much for this function as for participation in leisure, for which the direct effect of age homogeneity was facilitative.

"Watch place" is so overwhelmingly a neighbor function, and the levels of choice of other groups are therefore so small, that changes in the frequencies of these groups with age homogeneity are also quite small. The small decrease in the choice of children from 6 to 4% (gamma -0.174) is statistically significant, and reflects less child proximity in age homogeneous areas. The small increase in choice of friends from 9 to 11% with age homogeneity (+0.094), and the small decrease in the choice of relatives from 5 to 3% (-0.120) are not statistically significant. Again, the choice of spouses is stable with homogeneity (9 to 9%, -0.026).

The increases in choice of neighbors (6%) and friends (2%) only slightly outweigh the small decreases in choice of children (-2%) and relative (-2%), so on this measure the level of primary group performance changes little with homogeneity. The percentage of elderly who have no one to watch their place does decrease from 15 to 10% between low and high homogeneity (-0.134), but this relationship is not statistically significant. We can conclude that there is a weak positive relationship between the level of primary group functioning for "watch place" and age homogeneity.

The weak positive relationship between the level of primary group performance of "watch place" and age homogeneity begins to cast some doubt on the theory that age homogeneous areas are generally beneficial in the provision of social supports, though the data are still inconclusive. While the aged still benefit slightly in age

homogeneous areas for the performance of this function, there is now beginning evidence that the effect of age homogeneity does depend on the structural requirements of the task to be performed. The level of primary group performance for "watch place" would benefit from one of the structural characteristics of primary groups in age homogeneous areas (large numbers of proximate neighbors), but would not benefit like participation in leisure directly from the presence of age peers.

For example, several elderly neighbors in an age homogeneous area might see a robbery in progress. Because of their lack of physical strength and energy, they might be afraid to get involved and they may have trouble reacting forcibly. However, because large numbers of proximate neighbors are available, they might gather together for support, overcome their fear, and call the police.

The fact that there seems to be some ordering of the effects of age homogeneity on different types of tasks begins to lend support for the Theory of Shared Functions as the correct explanation of the effects of age homogeneity on social supports.

Primary Group Help in Long Illness and Age Homogeneity

According to the Theory of Shared Functions, there should be a negative relationship between the level of primary group functioning for help in long illness and age homogeneity, because of the lack of primary groups (kin) stressing long-term commitment in age homogeneous areas. However, this effect may be mediated if long-term

commitment functions can be performed over distance, or if overlapping neighbors and friends can substitute for kin.

Table 8 shows the relationship between the choice of primary groups for help in long illness and age homogeneity, which is unlike the situation for the two prior functions, as which primary groups are most preferred depends on the level of neighborhood homogeneity.[1] In the low homogeneity areas, children are the most preferred group (33%), which compares to the 31% of the elderly who choose spouses and 23% who choose relatives. Neighbors and friends, who have less long-term commitment, are both chosen by 16% of the elderly.

In the moderate homogeneity areas, one sees basically the same order. Spouses are the most preferred group (32%), compared to 30% who choose children and 20% who choose relatives. The non-kinship groups, friends and neighbors, are chosen by 17 and 16% of the elderly, respectively. The shift between spouses and children is based on very small differences. In the high homogeneity areas, however, a new pattern emerges, as children are the least likely to be chosen. While spouses are the most preferred group (34%), neighbors (23%) and friends (22%) are chosen slightly more often than relatives (20%) or children (18%).

Therefore, in high homogeneity areas, the groups with the lowest degrees of long-term commitment (neighbors and friends) are chosen more often than two kinship groups (relatives and children).

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[1]For participation in leisure, friends are most preferred at each level of homogeneity (Table 5), while for "watch place," neighbors are overwhelmingly most preferred at each level (Table 7).

Table 8

Primary Group Help in Long Illness by Age Homogeneity of the Neighborhood

	The Percentage of Respondents Who Would Choose Each Primary Group			Row Totals	Gamma
	Low Homogeneity (<25% elderly)	Mod. Homogeneity (25-50% elderly)	High Homogeneity (>50% elderly)		
Neighbors	16%	16%	23%	18%	+0.151**
Friends	16	17	22	19%	+0.144*
Child	33	30	18	27%	-0.255**
Relatives	23	20	20	21%	-0.056
Spouse	31	32	34	32%	+0.054
No one	10	11	13	11%	+0.085
Number of respondents at each level of homogeneity	(412)	(468)	(472)	N = 1352	

*Chi squared significance at .05 > p > .01.

**Chi squared significance at p < .01.

This pattern suggests that neighbors and friends are substituting for absent children in age homogeneous areas, and supports the theory that their overlap in structure in these areas has enabled them to develop a larger degree of long-term commitment. As will become evident below, because of this substitution, the level of primary group functioning for help in long illness hardly decreases at all because of the lack of kin in age homogeneous areas.

According to Table 8, the prime effect of age homogeneity seems to be to change the alignment of which groups are chosen rather than the overall level of primary group performance. As expected, there is a strong negative relationship between the choice of children for this function and age homogeneity (gamma -0.255), which is similar to the relationship between the choice of children for participation in leisure and age homogeneity (-0.258). In other terms the percentages of elderly who choose children decreases from 33% in the low homogeneity areas to 18% in the high homogeneity areas, a large 15% decrease. As mentioned previously, this finding reflects the fact that elderly in high homogeneous areas are less likely (17% less likely) to have children living near them (Table 6).

This finding casts doubt on the ability of children to perform this function, which requires ongoing care, over distance. It may be related to the fact that certain tasks (like help in long illness) require continuous proximity as well as long-term commitment, while others such as help with emotional problems require long-term commitment but not continuous proximity. This latter type of task may be performed well over distance (through use of the telephone).

Considering the elderly's choice of neighbors, age homogeneity should not be expected to be as directly beneficial for help in long illness as for participation in leisure. The latter is a function which is directly related to age status (common or age related interests), while the former is based on long-term commitment but not common age status. In fact, the younger generation could be helpful for taking care of sick and elderly people. Thus, one would expect that age homogeneous neighbors and friends would be more useful as leisure companions than for problems of illness, or that neighborhood age homogeneity would be more beneficial for leisure than illness.

According to Table 8, there are moderately strong positive relationships between the choice of neighbors and choice of friends for help and age homogeneity (gammas +0.151 and +0.144). Neighbors are chosen by 16% of the elderly in low homogeneity areas as compared to 23% of the elderly in high homogeneity areas, while friends are chosen by 16% of the elderly in low homogeneity areas compared to 22% in high homogeneity areas. However, these relationships are not as strong as for participation in leisure (+0.29) and +0.199).

Therefore, Table 8 shows two important points: first, that friends and neighbors do provide some substitution for children and relatives. In fact, the decreases in choice of children (-15%) and relatives (-3%) with increasing age homogeneity, would seem to only slightly outweigh the increases in choice of neighbors (+7%) and friends (+6%) and a slight increase in choice of spouse (3%), so that the level of primary group performance is probably not changed

much by age homogeneity. Second, and central to the theses developed herein, is that friends and neighbors in age homogeneous neighborhoods cannot manage long-term illness as well as leisure.

These same points can be seen if one looks at the percentage of respondents who say they have no one to help them. According to Table 8, the percentages of people with absolutely no one to help them increases very slightly from 10 to 13% between the low and high homogeneity areas (gamma +0.085), and the positive relationship between percentages of people with no one and age homogeneity is not statistically significant. Therefore, confirmation is provided that there is little change in the level of primary group performance for help in long illness between the low and high homogeneity areas. By contrast, if we examine the gammas for the relationships between percentages with no one and age homogeneity for leisure and "watch place," they are -0.245 and -0.134. These changes mean that age homogeneous neighborhoods will decrease the isolation of individuals the more tasks involve short-term and age homogeneous demands.

Still, the question must be asked as to why there is little harm from the lack of long-term commitment groups (particularly children) and the younger generation in age homogeneous areas, in terms of the overall level of choice of primary groups or in percentage of people with no one to help, for this long-term commitment function. How can neighbors and friends substitute effectively for children when the function to be performed requires long-term commitment and the use of personal resources?

One can argue, while the level of choice of groups is similar between the low and high homogeneity areas, the decrease in aid, with increasing age homogeneity, of one of the "ideal" or most preferred groups (children) would be felt in less effective help in long illness. However, we don't have a measure of effectiveness, though it does seem that if children are that important their absence would have been felt in a greater increase in percentages with no one.

It may be that the level of commitment and expenditure of personal resources required to provide care in illness for two or three weeks may not be significant enough to distinguish between children, and neighbors and friends. In accord with the Theory of Shared Functions, however, the lack of children in homogeneous areas should become more important as the level of commitment or expenditure of personal resources necessary for the performance of a function increases.

Two options are considered in the next chapter for increasing the long-term commitment and expenditure of personal resources required, in order to test whether the lack of children in age homogeneous areas becomes more significant: (1) The time requirements of care in illness are increased by considering the disabled; and (2) Help in illness is considered for elderly who have a deficiency in their personal resource situation (low income, very aged, or disabled). It is assumed it would require more expenditure of physical effort, time and/or money to help these groups. Care in illness is also considered for those who have multiple resource deficiencies and would particularly require long-term commitment and

expenditure of personal resources. This strategy is in accord with the Theory of Shared Functions, as the resource situation of the recipient may influence the definition of a function and the structural requirements for its performance.

The pattern that will be demonstrated is that it is the case that as the time requirements of care or the level of resource deficiency is increased, and therefore more long-term commitment is required, the elderly are not helped as much in age homogeneous areas. The more the elderly have resource deficiencies, the less likely they are to have spouses (both resource deficiencies and lack of spouse are correlated with age). Therefore, ironically, those with resource deficiencies in homogeneous areas who have a great need for long-term commitment may have deficits in the care provided by spouses as well as children. These are the two groups with the greatest degree of long-term commitment. It seems that for these elderly, neighbors and friends would have to try and substitute for children and/or spouses. However, there are limits to neighbor and friend substitution, as they do not have the long-term commitment of the other two primary groups.

Following option 1 above, suppose for example that an elderly man in an age homogeneous area falls ill with a severe case of the flu which lasts for a few weeks. It would cause extreme hardship for his two sons, who live at some distance, to take off from work and take care of him for a few weeks. However, neighbors and friends, who live nearby, are able to pool their resources to take care of him for this short period of time. They take turns in checking on

him, making sure he is bathed and fed, and keeping his home in a livable condition.

However, if the illness continues for a more extended period of time, or if the elderly person acquires a chronic disability (arthritis) which requires ongoing care (exercise, lifting, shopping), the neighbors and friends may tire of the task. Because of their age, they may have physical problems of their own and a limited amount of energy to give. In these situations, with greater commitment and expenditure of personal resources required, they may not be able to substitute as well. Then the absence of kin and the younger generation will be harmful.

Following option 2, suppose that the person who falls ill with the flu is 90 years old and widowed, and therefore usually needs help with daily tasks such as cleaning or having the daily newspapers read to him. The combined care requirements of his present illness (flu) and his very old age may require too much commitment and expenditure of personal resources for his neighbors and friends to care for him effectively. In this situation, too, the lack of kin and the younger generation in age homogeneous areas may be harmful.

Before considering the first two options for increasing the long-term commitment required, I would like to consider another option, that is, to test the influence of age homogeneity on primary group performance of a different function, one that involves greater long-term commitment than help in long illness. Help with money matters is such a function.

Primary Group Help with Money Matters and Age Homogeneity

In a monied economy, money is a generalized means to most goals, that is, long run as well as short run. Anyone who controls another's basic income can effectively destroy their future by spending their savings or running up debts that affect their future as well as their present. For this reason, management of money is a task which is very likely to require long-term commitments, but not necessarily age homogeneity. Thus, older people generally do not want anyone to help in managing their money.

However, when they do want help, they almost always choose spouse and children, the groups highest in long-term commitment, and almost never choose neighbors, friends, and relatives. According to Table 9, this phenomenon is in evidence at all three levels of homogeneity. In the low homogeneity areas, 55% of the elderly choose no one to help them, 21% choose children, 19% choose spouses, and relatives, friends, and neighbors are almost never chosen (4%, 2%, and 1%). In moderate homogeneity areas, the figures are virtually the same (53% who choose no one, 23 and 21% who choose children and spouses, and an extremely small 5, 2, and 1% who choose relatives, friends, and neighbors). In high homogeneity areas, 62% of the elderly choose no one, 13% choose children, 20% choose spouses and only 4, 1, and 0% choose relatives, neighbors, and friends.

Therefore, the evidence confirms that help with money matters is strongly a long-term commitment function, as only those groups with long-term commitment are frequently chosen. Because of the

Table 9

Primary Group Help with Money Matters by Age Homogeneity of the Neighborhood

	The Percentage of Respondents Who Would Choose Each Primary Group			Row Totals	Gamma
	Low Homogeneity (<25% elderly)	Mod. Homogeneity (25-50% elderly)	High Homogeneity (>50% elderly)		
Neighbors	1%	1%	0%	1%	-0.338
Friends	2	2	1	2%	-0.253
Child	21	23	13	19%	-0.176*
Relatives	4	5	4	4%	-0.051
Spouse	19	21	20	20%	+0.016
No one	55	53	62	57%	+0.099*
Number of respondents at each level of homogeneity	(393-397)[a]	(455-458)	(452-454)	N = 1300-1308	

[a]As help in money matters is a computed variable, the number of respondents in each level of homogeneity is slightly different when considering the choice of each primary group. The number of respondents depends on the missing values for the component variables.

*Chi squared significance at $p < .01$.

large percentage of elderly who ask no one to help, the percentages choosing children (row totals 19%) are smaller than for help in long illness (27%), the other long-term commitment function. As a result the negative relationship between the choice of children for this function and age homogeneity (-0.176) is weaker than for help in long illness (-0.255). However, unlike the situation for help in long illness, it seems that neighbors and friends never have enough long-term commitment to perform this function, even in high homogeneous areas where they overlap in structure.

As for the other groups studied, the choice of spouses is stable between the low and high homogeneity areas (19 and 20%) and relatives are chosen by so few of the elderly that their choice is also stable (at 4%) with increasing homogeneity. As children are the only group whose degree of choice varies significantly with age homogeneity, overall there seems to be a decrease in the level of primary group functioning between the low and high homogeneity areas for help with money matters. Confirmation is provided by a weak to moderately strong positive relationship between the percentages of people who have no one to help and age homogeneity (-0.099), which unlike the situation for help in long illness is statistically significant. The percentages of people with no one increases from 55% in low homogeneity areas to 62% in high homogeneity areas.

Because help with money matters is a better indicator of long-term commitment than help in long illness, it does differentiate between friends and neighbors, and children and spouses. Therefore, even in the most homogeneous areas, overlapping neighbors and friends

cannot adequately substitute for kin, and the level of primary group performance decreases. Therefore, there is some evidence that where a primary group function requires high levels of long-term commitment, the level of aid given the elderly may decrease in age homogeneous areas, through a lack of kin and the younger generation. However, because such high percentages of elderly choose no one to help them, it is difficult to surmise that the 8% decrease in choice of children or the 7% increase in percentages of elderly with no one demonstrate an important decrease in the level of aid provided with increasing homogeneity.

In order to demonstrate a substantial decrease in the level of aid provided, with increasing age homogeneity, one would still need a primary group function which requires a high degree of long-term commitment and which is performed to a large degree by children. This type of situation will be tested in the next chapter, when considering help in long illness for those deficient in resources.

Chapter Summary

The evidence presented in the first part of this chapter was supportive of the Theory of Shared Functions as the best explanation of how the choice of primary groups is determined. Which groups were preferred and the degree of choice of each primary group depended on how well the structure of each group matched the requirements for the task to be performed. Findings confirmed that participation in leisure is a function based on common or age related interests, "watch place" is a function based on proximity and speed of reaction,

and help in long illness and help with money matters are functions based on long-term commitment.

The findings in the second part of this chapter move toward the Theory of Shared Functions as the best explanation of the effect of age homogeneity on social supports. One function (participation in leisure) benefits directly from age homogeneity of neighbors, and also indirectly from a greater level of friendship as a result of the overlap of neighbors and friends (age homogeneous neighbors become friends) in age homogeneous areas. It strongly matches the structure of primary groups available in age homogeneous areas. As a result, the increase in the elderly's choice of the preferred groups, friends (+14%) and neighbors (+19%), with increasing homogeneity, outweighs the decreases in choice of children (-11%) and relatives (-3%) as a result of their lesser proximity. Furthermore, there is a strong negative relationship between the percentage of people with absolutely no one to choose as leisure companions and age homogeneity (gamma -0.245, 18 to 10% decrease). In sum, we can say that age homogeneity strongly facilitates the level of primary group participation in leisure with the elderly.

"Watch place" should not benefit as directly from age homogeneity of neighbors as participation in leisure, since the decreased reaction time of the elderly may be harmful for this function. However, "watch place" should be facilitates by the large numbers of proximate neighbors in age homogeneous areas, as a result of the overlap of friends and neighbors (friends and elderly may move to be proximate). Overall, it does not match the structure of primary groups available

in age homogeneous areas as well as participation in leisure. As a result, the increases in choice of neighbors (+6%) and friends (+2%) with increasing homogeneity are only slightly greater than small decreases in the choice of children (-2%) and relatives (-2%). The negative relationship between the percentage of elderly with no one to choose to watch their place and age homogeneity (-0.134, 15 to 10% decrease) is not statistically significant. However, because the increase in choice of the overwhelmingly most preferred group (neighbors) is so important and is congruent with the decrease in percentage of elderly with no one, we can say that age homogeneity weakly facilitates the level of primary group performance for "watch place."

Help in long illness was not expected to benefit in large degree either directly from age homogeneity of neighbors or indirectly from the increased neighboring and friendship in age homogeneous areas. It is a function that is not based on common age status but on long-term commitment, and friends and neighbors do not ordinarily possess large amounts of this structural characteristic. Furthermore, performance of this function should particularly be affected by the decrease in proximity, with increasing homogeneity, of one of the most preferred groups (children). However, it does seem that the decreases in choice of children (-15%) and relatives (-3%) with homogeneity were compensated for by an increase in choice of neighbors (+7%) and friends (+6%) and some minor increase in choice of spouse (+3%). As a result, it seems that the level of primary group help in long illness hardly decreases at all with increasing age

homogeneity. This assumption was confirmed by a weak and statistically insignificant positive relationship between the percentage of people with no one to help them in long illness and age homogeneity (+0.085, 10 to 13% increase). The substitution of neighbors and friends for kin provides evidence that a new type of primary group does develop in age homogeneous areas. This group is based on the overlap in structure of neighbors and friends and does develop some long-term commitment.

However, the increases in choice of neighbors and friends was not as great as for participation in leisure, which is based on a common age status. Thus, it is significant that help in long illness is the first primary group function considered for which the level of performance does not benefit from age homogeneity, and any change, however small, was negative with age homogeneity.

In addition, there was an indication that when a primary group function requires higher degrees of long-term commitment, neighbors and friends will not substitute effectively. Help with money matters is such a sensitive area of concern for the elderly, that usually they will ask nobody to help, and when they want help they almost always choose groups with much long-term commitment. Therefore, a decrease in the choice of children (-8%) with age homogeneity was not balanced at all by any increase in choice of neighbors and friends. However, because so many elderly choose no one, this decrease in choice of children only represented a small negative change in the level of primary group performance. As a result, there was only a relatively weak positive relationship between the percentage of people

with no one and age homogeneity (-0.099, 55 to 62% increase), which indicates some hardship with increasing homogeneity.

Therefore, according to predictions, there is an ordering of the effects of age homogeneity on the level of performance of primary group functions, depending on the degree the function to be performed matches the structure of available primary groups. In order to fully understand the nature and scope of this ordering, one must analyze the differences between the four functions, in the relationships between the choice of all primary groups and age homogeneity, as has been done. However, the following table (Table 10) suggests this ordering by showing the relationship between percentages of people with no one and age homogeneity for each of the four functions considered.

Table 10 shows that for the function that most matches the structure of primary groups available in age homogeneous areas (participation in leisure), there is a decrease from 18 to 10%, an 8% decrease, in percentage of elderly with on one, between the low and high homogeneity areas. Gamma is strong (-0.245), and the relationship between percentages of elderly with no one and age homogeneity is statistically significant.

For "watch place," which does not benefit directly from age commonality but would benefit from a large number of proximate neighbors, there is a smaller decrease in percentages of elderly with no one (15 to 10%, a 5% decrease) with a weaker gamma (-0.134).

Most importantly, for the two functions that require long-term commitment and are not based on age commonality, there are actually

Table 10

The Relationship between Percentages of Elderly with No One and Age Homogeneity, for Each of Four Functions

Function	The Percentages of Elderly with No One			Gamma
	Low Homogeneity	Mod. Homogeneity	High Homogeneity	
Participation in Leisure	18% (412)	12% (468)	10% (472)	-0.245*
"Watch Place"	15 (412)	12 (468)	10 (472)	-0.134
Help in Long Long Illness	10 (412)	11 (468)	13 (472)	+0.085
Help in Money Matters[a]	55 (397)	53 (458)	62 (454)	+0.099*

[a]Because help with money matters is a computed variable, the N's at each level of homogeneity are somewhat different than for the other three functions.

*Chi squared significance for the relationship between percentages of elderly with no one and age homogeneity is at $p < .01$.

increases in the percentage of elderly with no one, between the low and high homogeneity areas. For help in long illness this increase is from 10 to 13%, a 3% increase (gamma +0.085). For help with money matters, the increase in percentage with no one is from 55 to 62%, a 7% increase (gamma +0.099) and is statistically significant. The increases in percentage with no one for the latter two functions are different from the decreases on this measure for "watch place" and particularly participation in leisure.

Some decrease in the level of primary group aid between the low and high homogeneity areas was demonstrated for at least one function. However, in order to conclusively demonstrate that the Theory of Shared Functions is best for explaining the influence of age homogeneity on social supports, one must still find a function for which the lack of long-term commitment groups and the younger generation can cause a substantial decrease in the level of primary group aid for the elderly. Otherwise, in accord with the other major theory presented, the argument can still be made that age homogeneity does foster primary group functioning in many areas, while never having any serious negative effects.

In accord with the Theory of Shared Functions, as the long-term commitment and expenditure of personal resources necessary to perform a function increases, the greater should be the decrease in the level of primary group aid between the low and high homogeneity areas. In the next chapter, the long-term commitment and expenditure of personal resources required will be increased through consideration of those deficient in resources, in order to prove that the lack of kin and

the younger generation in age homogeneous areas can be detrimental for the elderly. This finding would confirm that the Theory of Shared Functions is best for explaining the influence of age homogeneity on social supports for the elderly.

Chapter V

NEIGHBORHOOD AGE HOMOGENEITY, PERFORMANCE OF PRIMARY GROUP FUNCTIONS AND RESOURCES OF OLDER PEOPLE

Measures

In this chapter, I will explore the effect of the resource situation of the recipient of aid on the relationship between age homogeneity and performance of primary group functions. Three resource controls will be used in this section, as follows: "age," "income," and "health/disability status."

Respondents were put into two age groups, 65-75 and 75 and older.

Respondents were asked their income and classified into three approximately equal size groups: 0 to $3999 a year, $4000 to $6999 a year, and over $6999 a year.

Two measures of health/disability status are used in this chapter. Using the first measure, approximately half the study sample was classified as disabled and the other half was considered healthy. Respondents were classified as disabled for any of the following reasons:

1. If respondent has obviously missing limbs (legs or arms) or respondent is confined to a bed or wheelchair.
2. If respondent has any illnesses or disabilities which cause him/her to have to be very careful in performing daily activities.

3. If a respondent is blind or has a problem seeing the print in a regular newspaper or in recognizing people's faces across a normal size room.
4. If a respondent has a hearing problem which severely interferes with activity.
5. If a respondent has a problem speaking or in carrying a conversation.
6. If a respondent needs to exert extra effort or receive help from others for:
   a. taking a bus or public transportation
   b. shopping, fixing small things around their place, cooking or house cleaning
   c. going up or down a flight of stairs
7. If the respondent's spouse or other person living with him/her needs to exert effort or receive help from others for activities b and c above.
8. If the respondent's spouse or other person living with him/her is confined to a wheelchair or bedridden or does not have full use of their arms or legs.
9. If the respondent's spouse or other person living with him/her is blind or has major problems seeing.
10. If the respondent's spouse or other relative living with him/her is deaf or has major hearing problems.

In order to analyze the effects of being very disabled, a more extreme measure of disability is also used in this chapter. Using this measure, approximately one quarter of the study sample was

considered handicapped. Respondents were classified as handicapped if they accumulated 10 points or more on a scale of disability, with up to 4 points allocated for each general area of disability as follows:

1. 4 points were given for each of the activity areas 6(a), (b), or (c) above in which the respondent needed to receive help from others. 2 points were given for each of these activity areas in which the respondent needed to exert extra effort.

2. 4 points were given for each of the activity areas 6(b) or (c) above in which the respondent's spouse or other person living with him/her needed to receive help from others. 2 points were given for each of these activity areas in which the spouse or other person needed to exert extra effort.

3. 4 points were given if the respondent was blind. 2 points were given if the respondent was not blind but had problems seeing, or could not see the print in a regular newspaper, or could not recognize people's faces across a normal size room.

4. 4 points were given if the respondent had a hearing problems which severely interfered with his/her activities. 2 points were given if the respondent had a minor hearing problem.

5. 4 points were given if the respondent had a problem speaking or it was difficult for him to carry on a conversation.

6. 4 points were given if the respondent had obviously missing limbs (legs or arms) or was confined to a bed or wheelchair.

7. 4 points were given if the respondent had any illnesses or disabilities which caused him/her to be very careful in performing

daily activities. 2 points were given if the respondent had any illnesses or disabilities but didn't have to be very careful in performing daily activities.

8. 4 points were given if the respondent's spouse or other person living with him/her was blind. 3 points were given if this spouse or person had a major problem seeing.

9. 4 points were given if the respondent's spouse or other person living with him/her was deaf. 3 points were given if this spouse or person had a major hearing problem. 2 points were given if this spouse or person had a minor hearing problem.

10. 4 points were given if the respondent's spouse or other person living with him/her was confined to a wheelchair or bedridden. 2 points were given if the respondent's spouse or other person living with him/her was not confined to a wheelchair or bedridden but did not have the full use of his/her arms and legs.

Theory Development: Low Resources and the Need for Long-Term Commitment

In accord with the Theory of Shared Functions, lack of resources on the part of the recipient of aid can affect the definition of the primary group function to be performed. Therefore, the structural requirements for its performance will be changed. Those who are chronically disabled (i.e., with arthritis) would need more care or expenditure of effort to perform a function for them than for those who have no chronic disability. Those who are very aged (i.e., over 75) may have some loss in physical strength, and may have difficulty

in carrying out some daily life routines, or in getting from place to place. It would require more care or expenditure of effort to perform a function for them than for the younger aged (i.e., 65-75). Those who are poor (i.e., under $4000 income) may have limited mobility and may not be able to afford the use of formal facilities (the YMCA or visiting nurse service). Therefore, it would require more care or expenditure of effort to perform a function for them than those with greater financial resources (i.e., over $6999 income). Therefore, more long-term commitment and expenditure of personal resources would be required to perform a function for groups deficient in their personal resource situation (disabled, very aged, poor) than for groups with sufficient personal resources (healthy, younger aged, rich).

If more long-term commitment and expenditure of personal resources is required, these groups who are deficient in their personal resource situation, may be particularly affected by the lack of kin and the younger generation in age homogeneous areas. According to Hypothesis 5, where both the primary group function to be performed and the resource situation of the recipient of aid require long-term commitment, the elderly may particularly have a decrease in the level of primary group aid they receive as a result of age homogeneity. According to the data presented in the previous chapter, overlapping neighbors and friends were able to substitute effectively for kin in help in long illness, when the whole sample of elderly was considered. However, when considering the performance of this function, for those with deficient personal resources, the lack of kin and the younger

generation should become more important, and overlapping neighbors and friends should not have sufficient long-term commitment and personal resources to substitute effectively for them. That is why the elderly in this situation should have a decreased level of primary group aid in age homogeneous areas.

If there is a decreased level of primary group aid, there would be strong support for the Theory of Shared Functions as the best explanation of the influence of neighborhood age homogeneity on social supports. The theory that neighborhood age homogeneity is generally best for a wide range of social supports would be strongly questioned.

According to Hypothesis 6, where neither the primary group function to be performed or the resource situation of the recipient of aid requires long-term commitment or the use of physical or economic resources (i.e., the younger generation), the elderly will benefit to the greatest degree from age homogeneity. An example is participation in leisure with an elderly person who is robust and healthy. In this situation, the absence of kin or the younger generation is not crucial to performance.

According to Hypothesis 7, where either the primary group function to be performed or the resource situation of the recipient of aid, but not both, require long-term commitment or the use of physical or economic resources (i.e., the younger generation), the elderly will benefit to a moderate degree from age homogeneity. Examples are help in long illness for someone who is rich or participation in leisure with someone who is disabled. In these situations

the absence of kin and the younger generation may have some negative effect on performance, but not enough to cause a decrease in the level of primary group aid as a result of age homogeneity.

Following the arguments to this point, the elderly with insufficient resources in more then one area (i.e., disabled and poor) may be most affected by lack of long-term commitment groups or the younger generation. These elderly may have the greatest decrease in the level of primary group help in long illness they receive as a result of age homogeneity, because the long-term commitment and expenditure of personal resources required (by function and resource situation) would be very great.

If lack of resources, particularly in the performance of long-term commitment functions, can cause a decrease in the level of aid for the elderly, and if this decrease is greatest for those with resource deficiencies in more than one area, there are serious implications for elderly lifestyles. In later stages of the life cycle, the elderly may particularly begin to suffer with multiple areas of resource deficiency (Dono et al., 1979). For instance, they may increasingly have to deal with multiple physical ailments. They may increasingly have financial difficulties, as a result of diminished savings and living on fixed incomes. As they become older, they may have less energy to invest in normal life routines or to deal with occasional crisis situations. At the same time, their friends and neighbors may also be getting older and may have less energy to provide aid. As they become older and less vigorous, the elderly will increasingly need help and the type of help that requires

long-term commitment and expenditure of personal resources. Therefore, they will increasingly suffer from a lack of kin and the younger generation in age homogeneous areas.

These factors may mean that in later stages of the life cycle, age homogeneous housing may be counterindicated. This is increasingly so, as it creates more distance from children and relatives, such as in Florida retirement communities. The elderly in later stages of the life cycle may have to move from age homogeneous housing to be nearer to their children and relatives.

At the same time, moves to age homogeneous housing may be very beneficial for those elderly who are still robust and have sufficient personal resources. They would benefit from the increased social opportunities (friends and neighbors) in age homogeneous areas.

The alternative to the Theory of Shared Functions suggests that those with deficient resources have less mobility or behavioral flexibility and are therefore more locally oriented. Therefore, they should benefit to a greater degree from age homogeneity than those with greater resources (Gubrium, 1970; Rosow, 1967). This theory was developed using "morale" and contacts as dependent variables. Therefore, the specific areas of primary group functioning in age homogeneous areas that are affected by resources could not be pinpointed. If this theory is correct as the explanation of the influence of resource situation on the relationship between age homogeneity and primary group performance, those deficient in resources should generally benefit to a greater degree from age homogeneity than those with sufficient resources. This possibility

is an alternative to the hypotheses presented, which are in accord with the Theory of Shared Functions.

Procedures

In order to test the above propositions and the two theories of the effect of resources on the influence of age homogeneity, I will use the percentage of people who claim they have no one to perform a function for them as an index of level of performance for each function. Then in this and the next chapter I will use the following criteria to determine the influence of resources.

In this chapter: (1) I will analyze how the resource situation of the respondent affects the relationship between the percentages of people with no one to aid or participate with them and age homogeneity, for all three functions considered. This analysis will enable consideration of whether the elderly with deficient resources situations actually have decreasing help with increasing age homogeneity.

(2) I will present a table expressing the plus or minus gammas for the relationship between the percentage of people with no one and age homogeneity, for each type of resource situation (separating health, income and age), for each function. This table will enable considering the influence of age homogeneity for all resource/function situations at the same time.

In the next chapter: (1) The analysis will be elaborated by combining the three types of resource deficiencies (disabled, over 75, low income) into one measure of number of resource deficiencies. The

effect of having multiple resource deficiencies can then be considered.

(2) I will consider how the choice of specific primary groups for help in long illness changes between the low and high homogeneity areas, at different levels of resource deficiency. In this manner it will become clear how neighbor and friend substitution for kin becomes ineffective when large long-term commitment is required.

Resource Controls for Three Functions

In this initial analysis, the more moderate measure of disability will be used, representing about one half the study population. However, the effects of being handicapped (about one quarter of the population) will be demonstrated further on, as they are even stronger.

Help in Long Illness

In fact, according to Tables 11-13 a large part of the primary relationship between the percentages of people with no one to call on for help in long illness and neighborhood age homogeneity can be explained by resource situation of the recipient of aid. By contrast, resources are not as important for explaining the influence of neighborhood age homogeneity for participation in leisure or "watch place." In addition, only those needing help in long illness and having deficient resources are more likely to have no one to help the more age homogeneous are their neighbors. This finding is in accord with predictions, as these are the only elderly for whom both function and resource situation require long-term commitment and

expenditure of personal resources from the provider of aid. This provides evidence against the theory that age homogeneity is always beneficial in the provision of social supports for the elderly.

As can be seen in Table 11, there is a consistent pattern demonstrated in which those groups deficient in personal resources (disabled, over 75, under $4000 income) are always disadvantaged from age homogeneity with a significant increase in the percentage of people with no one to help them when they are ill for two or three weeks. For these groups, gamma indicates strong positive relationships between the percentages of people with no one to help and age homogeneity.

At the same time, for those groups with sufficient resources (healthy, 65-75, over $6999 income), the relationship between the percentage of people with no one and age homogeneity disappears. There is little change in the percentage of people with no one to help them with age homogeneity, and these relationships are not statistically significant. In fact, for all three groups, any change at all is actually positive with age homogeneity, as indicated by small decreases in percentages of people with no one. The middle income group, as expected, falls between these extremes with a small and insignificant increase in percentages with no one.

To illustrate this pattern, according to Table 11 the percentages of elderly with no one increases from 12 to 18% between the low and high homogeneity areas for the disabled (gamma +0.178), while there is a decrease from 8 to 7% on this measure for the healthy (gamma -0.064). The increase in percentage with no one is

Table 11

The Percentage of Respondents with No One to Help in Long Illness for Different Age Homogeneity/Resource Groups

	Neighborhood Homogeneity			Conditional Gamma[a]
	Low < 25%	Moderate 25-50%	High > 50%	
Health				
Disabled	12% (224)	11% (236)	18% (239)	+0.178**
Healthy	8 (185)	10 (231)	7 (232)	-0.064
Age				
Over 75	9 (164)	10 (145)	19 (185)	+0.328***
65-75	11 (264)	11 (322)	9 (282)	-0.103
Income				
Under $4000	13 (130)	17 (150)	24 (104)	+0.234*
$4000 - $6999	10 (112)	10 (121)	13 (160)	+0.101
Over $6999	5 (106)	3 (119)	4 (150)	-0.048

[a]Conditional gammas and chi squared level of significance are for the relationships between percentages of people with no one to help and age homogeneity for the indicated group in the left column.

*Chi squared significance at .10 > p > .05.

**Chi squared significance at .05 > p > .01.

***Chi squared significance at p < .01.

from 9 to 19% for the over 75 age group (gamma +0.328), compared to a decrease from 11 to 9% for the 65-75 age group (-0.103). The low income group (under $4000) increases from 13 to 24% on this measure (gamma +0.234), while the high income group (over $6999) decreases from 5 to 4% (gamma -0.048). The middle income group increases from 10 to 13% (gamma +0.101).

For the low income group, this relationship is not statistically significant at the 0.05 level or better as for the other low resource groups (significant at 0.085). Undoubtedly, this fact is due to income being coded in a trichotomy so that the N's in each box are smaller. However, the pattern demonstrated for this control is the same as for the other resources considered.

The data show that the elderly have a lesser level of help in long illness when living in age homogeneous as compared to non-age homogeneous areas, when they have deficient resource situations (e.g., disabled, very old, and poor). In these situations, neighbors and friends seem to have difficulty substituting effectively for kin. By contrast, those who have sufficient resources (healthy, 65-75, over $6999 income group) do as well if not better in age homogeneous neighborhoods. From this I infer that it would require a relatively small degree of long-term commitment to give them aid, so that neighbors and friends can readily substitute for kin.

Participation in Leisure

According to Table 11, resources determine whether age homogeneity will decrease or increase help for those seeking aid in

illness. By contrast, according to Table 12, age homogeneity increases the level of participation in leisure both for the elderly who have or don't have sufficient resources. This follows findings from Chapter 4 that participation in leisure is strongly facilitated by age homogeneity. However, it seems that the magnitude of the increase in participation is somewhat affected by resources. This is most evident when comparing gammas between the high and low resource groups.

Using percentage change, for health and income resources, it seems that the high resource groups (healthy and over $6999 income) benefit only slightly more from age homogeneity than the low resource groups (disabled, under $4999 income). In illustration, the healthy decrease in the percentage of elderly with no one to choose as leisure companions from 15 to 5%, a decrease of 10%, between the low and high homogeneity areas, which is slightly greater than a decrease from 21 to 14%, a decrease of 7% for the disabled. While for the low resource group (disabled), this change is not statistically significant, it is consistent with the pattern that all resource groups benefit from age homogeneity for participation in leisure.

A similar pattern of differences held for high and low income, but not for the very old (over 75) and younger old age (65-75) groups, who benefit equally from age homogeneity (Table 11).

However, it is also the case that the gammas for health and income resources are greater for the high resource groups (healthy, gamma -0.405; over $6999, gamma -0.360) than for the low resource groups (disabled, gamma -0.147; under $4000, gamma -0.098). Gammas

Table 12

The Percentage of Respondents with No One to Participate with Them in Leisure for Different Age Homogeneity/Resource Groups

	Neighborhood Homogeneity			Conditional Gamma[a]
	Low < 25%	Moderate 25-50%	High > 50%	
Health				
Disabled	21% (224)	17% (236)	14% (239)	-0.147
Healthy	15 (185)	7 (231)	5 (232)	-0.405***
Age				
Over 75	21 (164)	16 (145)	12 (185)	-0.236**
65-75	16 (246)	11 (322)	8 (282)	-0.251***
Income				
Under $4000	23 (130)	19 (150)	18 (104)	-0.098
$4000 - $6999	20 (112)	11 (121)	8 (160)	-0.361***
Over $6999	11 (106)	7 (119)	4 (150)	-0.360*

[a]Conditional gammas and chi squared levels of significance are for the relationship between percentages of people with no one to participate with them and age homogeneity for the indicated group in the left column.

*Chi squared significance at .10 > p > .05.

**Chi squared significance at .05 > p > .01.

***Chi squared significance at p < .01.

are similar for the 65-75 (gamma -0.251) and the over 75 (gamma -0.236) age groups. This pattern suggests that for health and income resources, the high resource groups benefit more from age homogeneity than the low resource groups.

In the differences between high and low resource gammas for health and income, participation in leisure and help in long illness have some similarities. However, it is important to stress how these functions differ. Whereas those seeking leisure companions are always benefited by age homogeneity, even when they have low resources, those seeking help when ill may actually be damaged by age homogeneous areas when they have low resources. Such differences between these two functions are extremely important.

It would seem logical that it would be more difficult to participate in leisure with someone who is disabled and needs encouragement and support, and it might require more commitment for the elderly person to do so. Therefore, neighbors and friends may be less willing to participate with the disabled, who as a result may not benefit quite as much as the healthy from the leisure opportunities in age homogeneous areas.

It might require more commitment to participate with the very old aged, who may have lost their vigor and energy, and thus we might expect that this group would not benefit as much as the younger aged from the neighbors and friends in age homogeneous areas. However, this factor may be balanced by the idea that the older aged would be most ostracized from the social organization in age heterogeneous areas. For this function, therefore, they would particularly benefit

from age commonality. Therefore, age homogeneity increases participation in leisure as much for the older aged as the younger aged.

The question measuring participation in leisure for this study enabled the respondent to choose their own leisure activity ("Who would you choose to participate with in your favorite free time activity?"). Therefore, the respondent could choose an activity which would take account of their deficiencies (e.g., the disabled could choose watching television). Therefore, the commitment and expenditure of effort required for this function would be less than for help in long illness, for which ongoing care for two or three weeks is prescribed. Thus, the lack of long-term commitment groups in homogeneous areas would not be as crucial for this function, even for those with insufficient resources, so resource situation plays less of a role.

"Watch Place"

If one looks at the third function, "watch place," it can be seen from Table 13 that all groups, both those with sufficient and insufficient resources, may benefit a little from age homogeneity. Differences between the high and low resource groups on both measures of change with homogeneity (percentage change, gamma) are small. One group with deficient resources (disabled) actually benefits more from age homogeneity for this function than the group with sufficient resources.

Thus, the percentage of elderly with no one decreases from 14 to 11% between low and high homogeneity areas, a decrease of 3%

Table 13

The Percentage of Respondents with No One to Watch Their Place for Different Age Homogeneity/Resource Groups

	Neighborhood Homogeneity			Conditional Gamma[a]
	Low < 25%	Moderate 25-50%	High > 50%	
Health				
Disabled	17% (224)	15% (236)	11% (239)	-0.179
Healthy	12 (185)	10 (231)	10 (232)	-0.065
Age				
Over 75	14 (164)	13 (145)	11 (185)	-0.083
65-75	15 (246)	12 (322)	9 (282)	-0.177
Income				
Under $4000	20 (130)	18 (150)	17 (104)	-0.059
$4000 - $6999 . . .	13 (112)	12 (121)	9 (160)	-0.111
Over $6999	7 (106)	9 (119)	5 (150)	-0.135

[a]Conditional gammas and chi squared level of significance are for the relationship between percentages of people with no one to watch their place and age homogeneity for the indicated group in the left column.

In this table, none of these relationships are statistically significant.

for the over 75 age group (gamma -0.083), while the decrease is from 15 to 9%, a decrease of 6% for the 65 to 75 age group (-0.177). For the under $4000 income group, the decrease in percentage is from 20 to 17%, a decrease of 3% (gamma -0.059), for the $4000 to $6999 group from 13 to 9%, a decrease of 4% (-0.111), and for the over $6999 group from 7 to 5%, a decrease of 2% (-0.135).

The disabled decrease from 17 to 11% in percentage with no one, a decrease of 6% (gamma -0.179), which is greater than the decrease from 12 to 10%, a decrease of 2% for the healthy (-0.065). This is the only instance in considering three functions that there is any indication that a low resource group may benefit more from age homogeneity than its corresponding high resource group.

The disabled (less extreme measure), who may be particularly immobile, would not want to venture too far from their homes, so having proximate neighbors nearby to watch their place may be quite important.

As defined for this study, watching a person's home would involve picking up a phone and calling the police if a robbery were in progress. This act would require relatively little long-term commitment, and the commitment required would vary little depending on whether the occupant is poor, disabled, or has low income. For this function, the resource situation of the respondent plays little role, and there is no disadvantage from lack of long-term commitment groups, even for those with insufficient resources.

The Influence of Being Handicapped

Now I will test the influence of a more extreme measure of disability (one-fourth of the sample to be known as handicapped). To provide aid for the handicapped should particularly require a great expenditure of effort and personal resources. Therefore, following our theory, those who are handicapped should particularly be affected by the lack of kin with long-term commitment in age homogeneous neighborhoods.

Table 14 shows that for all three functions the handicapped do not do as well with increasing age homogeneity as the disabled (Tables 11-13). For instance, age homogeneity decreases the level of help in long illness even more for the handicapped than the disabled (original measure). The handicapped increase in percentage with no one from 13 to 26% (gamma +0.297), which compares to a gamma of +0.147 for the disabled (Table 11). Those who are not handicapped do not change as a result of age homogeneity (9 to 9%, gamma -0.024). Therefore, it does seem that those who are handicapped while seeking help in long illness, require a very high degree of long-term commitment, and therefore are particularly affected by lack of kin in age homogeneous areas.

Table 14 also shows that the handicapped hardly benefit at all in regard to leisure from age homogeneity, and that they benefit less than the disabled, though the difference here is quite small. The former group decreases from 24 to 21% in percentage with no one (gamma -0.045), which compares to a gamma of -0.147 for the latter group (Table 12).

Table 14

The Relationship between the Percentage of Elderly with No One to Aid them for Three Functions (Help in Long Illness, Participation in Leisure, "Watch Place") by Age Homogeneity, Controlling for Being Handicapped or Not

	Neighborhood Homogeneity			Conditional Gamma[a]
	Low < 25%	Moderate 25-50%	High > 50%	
Help in Long Illness				
Handicapped	13% (126)	13% (125)	26% (112)	+0.297**
Not Handicapped . .	9 (286)	10 (343)	9 (360)	-0.024
Participation in Leisure				
Handicapped	24 (126)	22 (125)	21 (112)	-0.045
Not Handicapped . .	16 (286)	9 (343)	6 (360)	-0.356**
"Watch Place"				
Handicapped	17 (126)	18 (125)	16 (112)	-0.011
Not Handicapped . .	14 (286)	10 (343)	8 (360)	-0.180*

[a]Conditional gammas and chi squared level of significance are for the relationship between percentages of people with no one to aid them and age homogeneity for the indicated resource group for each function.

*Chi squared significance at $.10 > p > .05$.

**Chi squared significance at $p < .01$.

For "watch place," remember the disabled were the only low resource group who benefited more from age homogeneity than its corresponding high resource group (gamma -0.179 for the disabled, gamma -0.065 for the healthy, Table 13). However, when using the more extreme measure of disability, this pattern is reversed, as the handicapped benefit very little from age homogeneity (17 to 16%, gamma -.011). Those who are not handicapped benefit more (14 to 8%, gamma -0.180). Being handicapped seems to require so much long-term commitment, that even for "watch place," for which proximate neighbors may be beneficial for the immobile, this group does not benefit from age homogeneity.

For those who are handicapped, age homogeneity seems to be especially disadvantageous for help in long illness. For the other two functions, while age homogeneity does not decrease the level of aid for this group, it provides little benefit. An important finding, therefore, is that for the handicapped, even more than for those with lesser levels of disability, living in an age homogeneous area is a questionable option. Those who live in age homogeneous areas and in later stages of the life cycle become handicapped may have to move to be near their kin.

Summary and Theory Development

Findings so far are clearly negative for the theory that age homogeneity is generally more beneficial for those in low resource situations, who are more locally oriented. Only in 1 of 9 situations (disabled for "watch place"), considering three resource controls, is

there any indication that a low resource group benefits more from age homogeneity than the corresponding high resource group. In five situations the high resource group benefits more, while in three situations there is little difference between resource groups. In addition, for all three functions, those who are handicapped do less well with increasing homogeneity than those who are not. For one function (help in long illness) that requires long-term commitment, the level of aid for the low resource groups actually decreases between the low and high homogeneity areas.

Perhaps those with deficient resources benefit from homogeneity when their lack of mobility and local orientation is the prime factor in determining the structural requirements for performance of function (disabled for "watch place").[1] When a high degree of long-term commitment is required, however, this factor seems to outweigh all others in causing problems for those with deficient resources. In some situations (e.g., participation in leisure, "watch place") the low resource groups may be hurt somewhat by lack of long-term commitment groups at the same time they benefit from age homogeneity because of their local orientation. In these situations, overall,

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[1]Rosow's "local orientation" is analogous to our proximity dimension. Proximate primary groups are required more by those with low resources, who may be immobile, than by those with high resources, who ordinarily do not use those who are proximate. This may be particularly true for age homogeneous concerns (leisure). Also, for those with low resources, neighbors and friends may have more incentive to help. Therefore, those with low resources may derive some benefit from the large numbers of proximate primary group members in age homogeneous areas. However, the key point is that when long-term commitment is required, this factor outweighs the low resource groups' need for proximity in determining the influence of homogeneity on them.

they benefit as well or slightly less well from age homogeneity than the high resource groups.

Findings seem contrary to those of Rosow (1967), who found that those in the working class and over 75, who are more locally oriented, benefited more from age homogeneity in the availability of friends and neighbors. However, he used contacts and availability as dependent variables, while in this study, performance of functions are used. Greater contacts with neighbors and friends does not necessarily lead to the performance of a specific function. Particularly for those with deficient resources, the commitment required for performance may be great, and contacts with neighbors and friends may not be facilitative. For those deficient in resources, therefore, the lack of kin with long-term commitment in age homogeneous areas may be harmful.

Findings also seem contrary to Gubrium's (1970), who found that for those with poor behavioral resources in terms of health and solvency, age concentration was related to morale. However, for those who were healthy and solvent, who had greater behavioral flexibility, age concentration wasn't related to morale.

However, one cannot be sure what aspects of the environment are influencing morale, and why those who are insolvent or in poor health have higher morale in his age concentrated housing. Morale may emerge from many different types of functions or primary group exchanges. It may be the case that those who are ill and live in age homogeneous communities seek out and are sought out by neighbors for leisure companions, and the high morale may be coming from that rather than from services for their illness. It is also possible that neighbors

may be functional for short-term emergency types of help which would increase morale. This is especially the case if the population under study is in the younger group of the aged (e.g., 65-75), which would mean that neighbors are also younger.

Another possibility deserves attention. In general, for the elderly, there is a high correlation between morale and contacts with neighbors and friends. There is a low correlation and sometimes a negative correlation between morale and contacts with family. This fact is probably because people who are really severely and chronically ill turn to their family, but not to neighbors and friends who do not have great long-term commitment. Thus, the causal ordering is reversed as families are seen in situations when morale is low, rather than family contacts causing low morale. Those in "poor health" in age homogeneous communities may not use neighbors and friends in situations of severe illness when morale is low. Instead, they tend to use them for functions such as those mentioned above, which tend to improve morale.

In fact, in situations of severe or chronic illness, the elderly may turn away from neighbors in age homogeneous communities and these neighbors may turn away from them. This dynamic may be causing the correlation between morale and age homogeneous neighbors and not that age homogeneous neighbors make sick people feel well. If this is the case, the correlation between age homogeneity and morale for those in "poor health" in Gubrium's study may be accounted for if the people in his age homogeneous buildings were not as sick as those living outside (the severely ill may have been turned away), or if

the health control was too gross. Other possibilities are that his neighbors consisted of the younger aged or that they were atypical in building long-term ties.

In addition, Gubrium's densest category was quite specialized, involving apartments and hotels with almost 100% elderly. This unit may not represent the homogeneity of the surrounding area as well as the unit (block) used in this study. Therefore, the elderly in homogeneous areas in his study may not be as distant from kin as in this one. It might be that those in his buildings who are in poor health or insolvent benefit from specialized services of formal organizations (e.g., housekeeping, meals at home, recreation and local clinics). It may be that this particular type of age homogeneous housing provides formal organizational resources which can also provide high states of morale.

Because morale is an overall evaluation which covers all aspects of life, one cannot determine whether there are specific areas in which those in poor health or insolvent suffer or are helped in age homogeneous areas, unless one looks at specific functions or exchanges. Moreover, the sampling design in this study generates a greater representation of different types of homogeneity, so particular characteristics of any type would not complicate the analysis.

Many earlier studies indicating increased social interaction and activity in age homogeneous areas (Beckman, 1969; Carp, 1966, 1967; Donahue, 1966; Hempe & Blevins, 1973; Hochschild, 1973; Seguin, 1973; Sheley, 1974; Sherman, 1968, 1974, 1975; Teaf et al., 1973) were

done in retirement housing or public housing for the elderly in which the leisure facilities available were often of better quality than those in the surrounding community. Therefore, the argument could be made that the social benefits of age homogeneity would only be evident for those in relatively earlier stages of the life cycle (the healthy, those with sufficient income, and the younger aged) who could take advantage of the facilities available and who could move to areas like Florida.

Results in this section regarding participation in leisure have indicated that those who are healthy and those who have sufficient income may benefit somewhat more from the leisure opportunities of age homogeneity than those who are disabled or with insufficient income. However, the older aged benefit as much as the younger aged, and the prevalent pattern is that all groups benefit. The issue as to what degree the benefits of homogeneity are available only to those at earlier stages of the life cycle will be explored further in the next chapter when controlling for state of residence.

It must also be noted that a dependent variable which measures the amount of social interaction (e.g., frequency of contact) without measuring type of function (e.g., leisure as contrasted when help when ill) can be very deceptive for understanding what services are delivered and what are ignored. This is especially the case if people who are chronically ill systematically leave such housing developments.

The finding of the present study, that functions which require long-term commitment are performed less frequently in age homogeneous neighborhoods, is very supportive of the Theory of Shared Functions.

It indicates that as the long-term commitment and expenditure of personal resources required increases, the elderly are increasingly disadvantaged from lack of kin and the younger generation. This finding very seriously questions the theory that age homogeneity is best for providing social supports in all areas of life.

Comparison of Gammas for All Resource Groups for All Three Functions

In order to test Hypotheses 5-7, as to the effect of the interaction of function and resources on the influence of homogeneity, I must consider the effect of homogeneity on all resource groups for the performance of all functions at the same time. Table 15 summarizes the findings in this chapter so far, by considering the conditional gammas for the relationship between the percentages of people with no one to aid them and age homogeneity, for all resource groups for the performance of all three functions. For each function, the low resource groups are the disabled, over 75, under $4000 income and the handicapped. The high resource groups are the healthy, 65-75, over $6999 income, and not handicapped. The middle income group ($4000 to $6999) will also be included.

In Table 15, a (+) change indicates a decrease in the level of aid with increasing age homogeneity, as there is an increase in the percentages of people with no one to aid them. A (-) change indicates benefit from age homogeneity, as there is a decrease in the percentage of people with no one to aid them.

As can be seen in Table 15, the only groups that receive a decreased level of aid as a result of increasing homogeneity are the

Table 15

Conditional Gammas for the Relationships between Percentages of People with No One to Aid Them and Age Homogeneity, for the High and Low Resource Groups, for Each of Three Functions

	Gammas for the Relationship Between Percentage of People with									N's		
	No One to Help Them in Long Illness and Age Homogeneity			No One to Participate in Leisure and Age Homogeneity			No One to Watch Their Place and Age Homogeneity					
Resource Control	Low Resource Group	Middle Resource Group	High Resource Group	Low Resource Group	Middle Resource Group	High Resource Group	Low Resource Group	Middle Resource Group	High Resource Group	Low Resource Group	Middle Resource Group	High Resource Group
Disabled/ Healthy	+0.18**	-	-0.06	-0.15	-	-0.41***	-0.18	-	-0.07	(699)	-	(648)
Age	+0.33***	-	-0.10	-0.24**	-	-0.25***	-0.08	-	-0.18	(494)	-	(850)
Income	+0.23*	+0.10	-0.05	-0.10	-0.36***	-0.36*	-0.06	-0.10	-0.14	(384)	(393)	(375)
Handicapped or Not	0.30***	-	-0.02	-0.05	-	-0.36***	-0.01	-	-0.18*	(363)	-	(989)

*The relationship between percentages of people with no one to aid them and age homogeneity is statistically significant at .10 > p > .05.

**This relationship is statistically significant at .05 > p > .01.

***This relationship is statistically significant at p < .01.

low resource groups when seeking help in long illness. There are strong positive relationships between the percentage of people with no one to help and age homogeneity (disabled, +0.18; over 75, +0.33; under $4000 income, +0.23; handicapped, +0.30) which are statistically significant at the 0.05 level for all but low income (significant at 0.10). This finding confirms Hypothesis 5, that the level of primary group aid decreases with increasing age homogeneity only where both the function to be performed and the resource situation of the recipient of aid require long-term commitment and the use of personal resources.

All other groups tend to benefit from age homogeneity with negative relationships between the percentage of people with no one and age homogeneity. However, the groups that benefit the most from age homogeneity are the high resource groups for participation in leisure. For these groups there are strong negative relationships between the percentage of people with no one and age homogeneity (healthy, -0.41; age 65-75, -0.25; over $6999 income, -0.36; not handicapped, -0.36) which again are statistically significant at the 0.01 level for all but high income (0.10 level). This finding is in accord with Hypothesis 6, as neither factor (function or resources) requires long-term commitment and the use of personal resources, so that age homogeneity should provide maximum benefit. Participation in leisure is strongly matched to the structure of available primary groups in age homogeneous areas (common interests, large number of proximate age peers, common daily time frame). In addition, the high resource groups can best take advantage of

leisure facilities and have less need for kin and children, while they are young, vigorous and healthy. For the low resource groups, the benefits from age homogeneity are at a smaller level, and, with one exception, the negative relationships between percentage of elderly with no one and age homogeneity are not statistically significant.

The only discrepancy to Hypotheses 5-7 is that the high resource groups for "watch place" do not clearly benefit the second most from homogeneity of the neighborhood. For these high resource groups, watching one's house also means that both factors (function and resources) do not require long-term commitment and expenditure of resources. However, the negative relationships between percent with no one and age homogeneity are at the same level (healthy, -0.07; age 65-75, -0.18; over $6999 income, -0.14; not handicapped, -0.18) as for the low resource groups for participation in leisure (disabled, -0.15; over 75, -0.24; under $4000 income, -0.10; handicapped, -0.05), for which only one factor (function) is favorable. For health/disabled and income resources, the low resource groups for participation in leisure benefit more from homogeneity than the high resource groups for "watch place." Participation in leisure matches the structure of available primary groups so well in age homogeneous areas, that even the low resources groups for this function benefit as much as the high resource groups for "watch place." Remember "watch place" does not match the structure of primary groups available in age homogeneous areas as well because the benefits of large numbers of proximate primary groups are balanced by the lack of speed of reaction among the elderly.

The low resource groups for "watch place" (-0.18, -0.08, -0.06, -0.01) and the high resource groups for help in long illness (-0.06, -0.10, -0.05, -0.02) are all groups for which one of two factors require long-term commitment and expenditure of personal resources. In accord with Hypothesis 7 they derive only small to moderate benefit from homogeneity. They change with increasing homogeneity at a level between the extreme groups.

Hypotheses 5-7 are thus largely confirmed. Most importantly, these findings demonstrate that the resource situation of the recipient of aid can change the definition of the function to be performed and the requirements for performance. The influence of age homogeneity, therefore, depends on the degree the definition of the function to be performed, including the resource situation of the recipient of aid, matches the structure of available primary groups. These findings are strongly supportive of the Theory of Shared Functions.

Chapter Summary

The findings in this chapter have supported the theory that the resource situation of the recipient of aid affects the definition of primary group function and the structural requirements for its performance. The findings are therefore in accord with the Theory of Shared Functions. Where both the function to be performed and the resource situation of the recipient of aid require long-term commitment and expenditure of personal resources, the elderly are less likely to get help in long illness in age homogeneous areas.

It seems that overlapping neighbors and friends in age homogeneous areas substitute less effectively for kin and the younger generation, the more long-term commitment is required. For instance, for those who are handicapped, the loss of help in age homogeneous communities is particularly severe.

The theory that age homogeneity is generally best for a wide range of social supports is very much questioned. The theory that those with deficient resources, who have less mobility and are locally oriented, will benefit more from age homogeneity, is also strongly questioned. It is true that those with deficient resources had less aid with increasing homogeneity, only when both factors (function and resources) required long-term commitment and the expenditure of personal resources. However, in most situations, those with deficient resources did less well as a result of homogeneity than those with sufficient resources. It may be that age homogeneity is more beneficial for those with deficient resources, only when their local orientation and need for proximate neighbors is the most important factor determining the type of primary group structure needed (i.e., "watch place" for the moderately disabled).

These findings have great implications for elderly lifestyles (Dono et al., 1979). When the elderly are comparatively young and vigorous and still have financial resources, they can take advantage of the social opportunities of age homogeneous communities. Primary group functions such as participation in leisure are most important. Because illness is likely to be infrequent and not severe, when it occurs the elderly can get adequate care.

However, when the elderly become older, they may become less vigorous and suffer from chronic disability. Functions such as help in long illness may become more important for them, while others such as participation in leisure may become less important. At this stage, kin and the younger generation are crucial because of their long-term commitment and personal resources. Because of illness, these elderly may have more difficulty taking advantage of the social benefits of age homogeneity. In such cases, living in age heterogeneous communities nearer to their children may be more advantageous.

The next chapter will investigate the idea that the elderly in later stages of the life cycle would increasingly have multiple resource deficiencies, as in addition to their very old age, they may become disabled and/or have diminishing financial resources. In accord with our theory, these elderly with multiple deficiencies would particularly require a large degree of long-term commitment for help in long illness. Therefore, findings in chapter 6 will show that they particularly have a decreased level of care in age homogeneous areas, and might do better living nearer to their kin.

Chapter 6 will also consider how the choice of specific primary groups for help in long illness changes between the low and high homogeneity areas, at different levels of resource deficiency. In this manner, it will become clear how neighbor and friend substitution for kin becomes ineffective when large long-term commitment is required.

Chapter VI

NEIGHBORHOOD AGE HOMOGENEITY, HELP IN LONG ILLNESS, AND COMBINATIONS OF RESOURCE DEFICIENCIES

Findings in chapter 5 indicate that age homogeneity may be disadvantageous for those with the most need (insufficient resources). In later stages of the life cycle, the elderly may have overlapping resource deficiencies, as they may be sick or disabled, and/or have low income as well as being very old. Therefore, they will have a greater need for long-term commitment and the expenditure of personal resources to aid them, and may particularly be affected by the lack of kin and the younger generation in age homogeneous areas. This problem should be the greatest where the function to be performed also requires long-term commitment (e.g., help with long illness).

The Effect of Multiple Resource Deficiencies

In order to investigate whether a lack of help in long illness is more likely to occur in age homogeneous areas for those who have multiple resource deficiencies, Table 16 compares the relationship between percentages with no one to help and age homogeneity for some possible combinations of deficiencies. The first group has no resource deficiency in any of the three resource areas (health, age or income). The second group has a resource deficiency in one of these three areas but not in the other two, while the third group has resource deficiencies in two of these three areas. The fourth group has resource deficiencies in all three areas.

Table 16

The Relationships between Percentages of Elderly with No One to Help Them in Long Illness and Age Homogeneity of the Neighborhood, for Groups with Different Numbers of Resource Deficiencies (Using Health/ Disability Status,[a] Age and Income)

Number of Deficiencies	Percentages with No One			Gamma[b]	N's for Each Level of Deficiency
	Low Homog. < 25%	Mod. Homog. 25-50%	High Homog. > 50%		
No Deficiencies	7% (74)	6% (110)	2% (112)	-0.390	(296)
One Deficiency	12 (126)	10 (135)	12 (155)	-0.005	(416)
Two Deficiencies	6 (107)	17 (108)	16 (110)	+0.292*	(325)
Three Deficiencies	19 (37)	8 (36)	42 (31)	+0.377***	(114)
Gamma for Relationships betw. Percentages with No One and Number of Defic.	+0.098*	+0.261*	+0.582***		

[a] In this table the more lenient measure of disability is used.

[b] Gammas and chi-squared significance are for the relationships between percentages of elderly with no one and age homogeneity, at each level of deficiency.

* Chi squared significance at .10 > p > .05.

** Chi squared significance at .05 > p > .01.

*** Chi squared significance at p < .01.

Two important findings are shown by Table 16. First, in accord with our predictions, the increase in percentage of people with no one to help in long illness, between the low and high homogeneity areas, is greater the more the elderly have resource deficiencies. The group with no resource deficiencies may actually benefit somewhat from age homogeneity, as there is a decrease from 7% with no one in the low homogeneity areas to 6% in the moderate homogeneity areas and 2% in the high homogeneity areas (gamma -0.390). The group with one deficiency has little change in aid between the low and high homogeneity areas (12 to 12%, gamma -0.005). However, for those who have at least two deficiencies, age homogeneity does lead to a decrease in the level of help in long illness. The group with two deficiencies increases from 6% with no one in the low homogeneity areas to 17% in moderate homogeneity areas and 16% in high homogeneity areas (gamma +0.292). With three deficiencies, this change is from 19 to 8 to 42% (gamma +0.377). Thus, the change in percentage with no one is greatest and quite substantial for those with three deficiencies and is also considerable for the group with two resource losses. These findings suggest that those with multiple resource losses, who require long-term commitment, are affected by the lack of kin in age homogeneous areas.

It should be noted that on an absolute percentage basis those with two deficiencies don't have a much greater proportion of elderly with no one in the high homogeneity areas (16%) than those with only one deficiency (12%). It seems that it requires three deficiencies for there to be a very large lack of help in long illness in these areas (42% with no one).

The second important finding is that the percentage with no one seems strongly related to the number of resource deficiencies in the high homogeneity areas, but not in the low homogeneity areas, and only moderately so in the moderate homogeneity areas. In the high homogeneity areas, the percentage with no one increases in an ordered manner (2, 12, 16, and 42%) as there are more resource losses, with a very strong gamma of +0.583. However, in the low homogeneity areas, the percentages with no one changes irregularly as there are more resource losses (7, 12, 6, and 19%) and gamma is weak (+0.098). In the moderate homogeneity areas, the percentage with no one increases up to two deficiencies (6, 10, and 17%) but then decreases with three deficiencies (8%) with gamma +0.261.

In explaining this finding, one can consider two conflicting trends: (1) When people have greater resource deficiencies, it requires more expenditure of energy and one's own personal resources to help them, so this factor would be a force toward receiving less aid as the number of resource losses increases. (2) However, when people have more resource deficiencies, they are in greater need and want more aid. This factor would be a force toward receiving more aid when the number of resource deficiencies increases.

In the low homogeneity areas, children (who have much long-term commitment) provide more of the aid. They would maintain their aid well for those with insufficient resources, and therefore the two conflicting forces tend to balance each other.

However, findings in chapter 4 have indicated that in homogeneous areas, neighbors and friends are chosen more often than

children. These groups do not ordinarily have great long-term commitment and do not maintain aid as well for groups with resource losses. Thus, in the high homogeneity areas, the first factor outweighs the second one, and the percentages with no one are strongly related to the number of deficiencies. This finding supports the theory that it becomes less wise to move to homogeneous housing, the more one has resource losses.

A surprising finding is that only 8% of those with three deficiencies, who live in the moderate homogeneity areas, have no one to help them. In these areas, the elderly who are in severe need may benefit both from having young and vigorous neighbors available, while also having an age homogeneous social organization. In addition, they may live closer to their kin than those in the most homogeneous areas. Therefore, they reap the benefits of both age homogeneous and age heterogeneous communities. The benefits of moderate homogeneity will be analyzed in greater depth in the next chapter.

The importance of the findings in this section become clear when one considers that both disability and low income are correlated with age. As could be expected, for disability this is a strong correlation, as 65% of the elderly over 75 years of age are disabled (using our more lenient measure), compared to 44% of those who are 65 to 75 years of age (gamma -0.406). For income the correlation is weaker, as 37% of those over 75 in this study have under $4000 income compared to 32% who are 64-75 years of age. In addition, only 25% of the former group have over $6999 income compared to 36% in the latter group (gamma -0.164).

Therefore, very considerable percentages of the elderly over 75 years of age have multiple resource deficiencies and therefore may have a decreased level of help in long illness when they live in age homogeneous neighborhoods. Seventy-seven percent of the elderly over 75 years of age have at least two deficiencies compared to 17% of those who are 65-75 (gamma +0.885). In addition, 26% of those over 75 have three deficiencies. From these findings I infer that the elderly in later stages of the life cycle, who would be most likely to have multiple resource losses, are affected most by the lack of kin in age homogeneous areas.

A Similar Analysis Using a Stronger Measure of Disability

In Table 16, a relatively weak measure of disability was used (one half the sample). As a stronger measure of disability is available (approximately one quarter of the sample is considered to be handicapped), it would seem interesting to see how the findings would change by substituting this measure. As a stronger measure of disability would require more commitment, the lack of aid in homogeneous areas may become more evident for those with fewer deficiencies. In fact, according to Table 17, the findings are very similar with one important exception. The new table differentiates better between those elderly with one and two deficiencies.

Remember, in the original Table 16, while age homogeneity significantly decreased the level of help for those with two deficiencies (gamma +0.292), this group only had 4% more elderly

Table 17

The Relationship between Percentages of Elderly with No One to Help Them in Long Illness and Age Homogeneity of the Neighborhood, for Groups with Different Numbers of Resource Deficiencies (Using Handicapped[a] or Not, Age, and Income)

Number of Deficiencies	Percentages with No One			Gamma[b]	N's for Each Level of Deficiency
	Low Homog. < 25%	Mod. Homog. 25-50%	High Homog. > 50%		
No Deficiencies	8% (112)	7% (154)	4% (170)	-0.228	(436)
One Deficiency	12 (122)	11 (129)	13 (145)	+0.056	(396)
Two Deficiencies	6 (97)	19 (84)	21 (76)	+0.398**	(247)
Three Deficiencies	20 (25)	4 (23)	44 (18)	+0.354**	(66)
Gamma for Relationships betw. Percentages with No One and Number of Defic.	+0.074	+0.278*	+0.572**		

[a]In this table the more extreme measure of disability is used.

[b]Gammas and chi-squared significance are for the relationships between percentages of elderly with no one and age homogeneity, at each level of deficiency.

*Chi squared significance at .05 > p > .01.

**Chi squared significance at p < .01.

16 to 12%) with no one in the high homogeneity areas, than the group with one deficiency. However, in the new Table 17, age homogeneity decreases the level of aid for those with two deficiencies to an even greater degree (6 to 21% with no one, gamma +0.398), while still having little effect for those with one deficiency (12 to 13%, gamma +0.056). Now the former group has 8% more elderly (21 to 13%) with no one in the high homogeneity areas than the latter group.

The negative effects of homogeneity seem more evident for the group with two deficiencies when using the more extreme disability measure (handicapped or not). This finding is very important as a still considerable 41% of the elderly over 75 years of age are handicapped, using the new measure, which compares to only 19% of those 65-75 years of age, with a very strong gamma of -0.502. Also, still 61% of the elderly over 75 have two resource deficiencies compared to 9% who are 65-75 (gamma -0.88).

Therefore, using a stronger disability measure, it becomes even clearer that the elderly in later stages of the life cycle, who have multiple resource losses, are most affected by the lack of kin in age homogeneous areas. It would seem that this finding is most true when being handicapped is one of the resource deficiencies. These elderly, who would stress help in long illness, may be unwise to move to homogeneous communities at some distance from their kin. If they live in age homogeneous communities they may have to move closer to them.

The Choice of Specific Primary Groups

Now it becomes important to understand in more depth why age homogeneity decreases the level of care in illness for those who have multiple resource losses. To do so, one must consider the relationship between age homogeneity and choice of specific primary groups at each level of resource deficiency. In this analysis, the more extreme measure of disability will be used as it differentiates better for those with one or two deficiencies. However, the patterns are similar using the other measure (see Appendices C, D, and E).

I have been arguing that for those elderly who have resource losses, neighbors and friends would not be able to substitute their care effectively for lack of kin in age homogeneous areas, because the long-term commitment required would be great. While the data ultimately support this conclusion, its dynamics are complicated. Those with multiple resource deficiencies also lack spouses (lack of spouses and having deficiencies are both correlated with age), so in the high homogeneity areas, they have a lack of spouses as well as children. While neighbors and friends do increase their aid somewhat between the low and high homogeneity areas, for those with multiple deficiencies, they are not able to make up for the lack of both primary groups with the most long-term commitment.

By controlling for whether the elderly have children who help them or not, we can see that the increased care provided by neighbors and friends is for the elderly who have children available. For those who have multiple resource losses and don't have children

available (and may lack spouses), the choice of neighbors and friends does not increase between the low and high homogeneity areas. Therefore, I infer, in the high homogeneity areas, for those with multiple deficiencies, neighbors and friends do not substitute for the lack of children. It seems that age homogeneous neighbors and friends have enough long-term commitment in this situation to supplement the care provided by other primary groups, but they have difficulty if they are the only groups available to provide care.

To consider overall how age homogeneity affects the choice of all primary groups at each deficiency level would be a very complicated analysis, particularly because some elderly choose more than one group (the interested reader is referred to Appendix F). Moreover, the explanation of why age homogeneity causes such large increases in the percentage of elderly with no one, for those with two or three resource losses, does not become clear until one controls for whether the elderly have children who help them. Therefore, the following analysis is done in two parts. First, Table 18 considers only how two important choices, the choice of neighbors or friends, and the choice of spouse, change between the low and high homogeneity areas at each level of resource deficiency. This section will provide some beginning understanding of the relevant dynamics. Then, in Table 19 and 20, a similar analysis will be presented, but for those who do or do not have children who help them.

Table 18 indicates that, overall, the choice of neighbors or friends does increase between the low and high homogeneity areas for the elderly with zero to two resource deficiencies, and, if anything,

Table 18

The Elderly's Choice of Neighbor or Friend, Spouse, and Percentage with No One for Help in Long Illness, by Age Homogeneity of the Neighborhood, at Different Levels of Resource Deficiency (Using Handicapped or Not, Age, and Income)[a,b]

	Neighborhood Homogeneity			Conditional Gamma[c]
	Low < 25%	Moderate 25-50%	High > 50%	
No Deficiencies				
Neighbor or Friend	30%	25%	37%	+0.120*
Spouse	48	45	54	+0.086
No One	8	7	4	-0.228
	(112)	(154)	(170)	
One Deficiency				
Neighbor or Friend	34	32	41	+0.120
Spouse	21	29	27	+0.105
No One	12	11	13	+0.056
	(122)	(129)	(145)	
Two Deficiencies				
Neighbor or Friend	23	31	34	+0.181
Spouse	23	13	17	-0.143
No One	6	19	21	+0.398**
	(87)	(84)	(76)	
Three Deficiencies				
Neighbor or Friend	8	22	11	+0.142
Spouse	4	13	6	+0.137
No One	20	4	44	+0.354**
	(25)	(23)	(18)	

[a]In this table, the more extreme measure of disability is used.

[b]Each respondent was permitted to choose as many groups as he wanted as helpers. However, in this table, only three choices are highlighted to facilitate analysis. All choices are considered in Appendix F.

[c]Conditional gammas and chi squared level of significance are for the relationship between choice of group(s) in the left column and age homogeneity, at that level of deficiency.

*Chi squared significance at .10 > p > .05.

**Chi squared significance at p < .01.

this increase is greatest for those with two deficiencies. For those with three deficiencies, there is still an increase, but it is very small. For the elderly with no deficiencies, this increase is from 30 to 37%, an increase of 7% (gamma +0.120),and for those with one deficiency from 34 to 41%, an increase of 7% (gamma +0.120). For those with two deficiencies, it is from 23 to 34%, an increase of 11% (gamma +0.181), and for those with three deficiencies from 8 to 11%, an increase of only 3% (gamma +0.042). Thus, it seems that neighbors and friends may provide some substitution for kin in homogeneous areas, and the commitment required does not cause any decrease in this substitution until there are three deficiencies.

Therefore, if the choice of neighbors or friends does increase, why is there such a large increase in percentage with no one between the low and high homogeneity areas, for the elderly with two or three deficiencies? Table 18 begins to answer this question by showing that those elderly with none or one resource loss are differentiated from those with two or three in how the choice of spouses changes with homogeneity. For the elderly with no deficiencies there is a large choice of spouse at each level of homogeneity and an increase from 48 to 54% (gamma, +0.086) in the choice of spouses between the low and high homogeneity areas. For the elderly with one deficiency there is an increase from 21 to 27% (gamma +0.105) in the choice of spouses. This pattern indicates that spouses may to some degree make up for the lack of children in homogeneous areas for the elderly with none or one deficiency. Spouses would be very important for providing care, as they are the other group with long-term commitment.

However, those who have two or three deficiencies also have fewer spouses (only 6 of 66 respondents with three deficiencies and 58 of 247 respondents with two deficiencies are married). Therefore, it seems that for those with two or three deficiencies, spouses may not be as effective in making up for the lack of children in homogeneous areas. For those with two deficiencies the choice of spouses decreases from 23 to 17% of the elderly (gamma -0.143), between the low and high homogeneity areas. For those with three deficiencies, there is a very small choice of spouses at each level of homogeneity (4 and 6%, gamma +0.137). Therefore, those who have multiple resource losses and live in high homogeneity areas can very rarely choose spouses to provide care (17% with two deficiencies and 6% with three). It seems if children are unavailable, spouses may also be unavailable. In these areas there may be a lack of both groups with the most long-term commitment who would be most appropriate for care in illness. This finding begins to explain why there is a large increase in percentage with no one in the high homogeneity areas. However, it is still not evident why neighbor and friend substitution seems ineffective for those with two or three deficiencies.

Controlling for Whether the Elderly Do or Don't Have Children Who Help Them

Table 19 suggests the answer to the above question by showing that neighbors and friends are unable to increase their aid to the elderly tho live in homogeneous areas and have multiple deficiencies

Table 19

The Elderly's Choice of Neighbor or Friend, Spouse, Relative and Percentage with No One to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using Handicapped or Not)[a,b]

For Those Who Don't Have Children Who Help Them

	Neighborhood Homogeneity			Conditional Gamma
	Low < 25%	Moderate 25-50%	High > 50%	
No Deficiencies				
Neighbor or Friend	29%	28%	36%	+0.127
Spouse	49	46	55	+0.110
Relative	26	28	28	+0.028
No One	12	9	5	-0.313
	(76)	(111)	(145)	
One Deficiency				
Neighbor or Friend	36	34	41	+0.085
Spouse	19	32	30	+0.173
Relative	41	19	18	-0.356*
No One	18	16	16	-0.322
	(81)	(89)	(120)	
Two Deficiencies				
Neighbor or Friend	36	22	36	-0.000
Spouse	25	15	20	-0.093
Relative	25	28	15	-0.190
No One	9	30	27	+0.344*
	(56)	(54)	(59)	
Three Deficiencies				
Neighbor or Friend	17	31	9	-0.129
Spouse	18	19	9	+0.036
Relative	8	25	0	-0.207
No One	42	6	73	+0.326*
	(12)	(16)	(11)	

[a]Each respondent was permitted to choose as many groups as he wanted as helpers.

[b]Conditional gammas and chi squared level of significance are for the relationship between choice of group(s) in the left column and age homogeneity, at that level of deficiency.

*Chi squared significance at $p < .01$.

when other primary groups (children and spouse) are unavailable. This situation would require a great deal of long-term commitment. The increase in choice of neighbors and friends is for those who do have other primary groups available. In other words, in the high homogeneity areas, for those with multiple deficiencies, there may be many elderly without both children and spouse to help and with neighbors and friends unwilling to substitute.

I have been arguing that age homogeneity may cause a decrease in the level of care for long-term commitment functions, because of a lack of kin (particularly children). Therefore, it would seem appropriate to see what happens to the group who don't have children who help them in homogeneous areas, and to see particularly whether neighbors and friends substitute.

For the elderly with two or three deficiencies, who don't have children to help them, there is no increase in the choice of neighbors or friends between the low and high homogeneity areas. For the elderly with two deficiencies, the choice of neighbors or friends is stable at 36% (gamma -0.000). For those with three deficiencies, the choice of neighbors or friends actually decreases with homogeneity (17 to 9%, gamma -0.129). This compares to increases in choice of neighbors or friends for the elderly with no deficiencies (29 to 36%, gamma +0.127) and one deficiency (36 to 41%, gamma +0.085). While the N for those with three deficiencies is small (N = 39),[1] these

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[1]Findings for the elderly with two or three deficiencies, who don't have children to help them, are very similar using the more lenient measure of disability. Using this measure, the N for those with three deficiencies is more substantial (N = 65) (see Appendix D).

data indicate that where there are at least two resource deficiencies and children are unavailable, neighbors and friends do not substitute well.

At the same time, considering the choice of spouses only for the elderly who don't have children who help, it seems that spouses do increase their aid between the low and high homogeneity areas for the elderly with zero or one deficiency, but not for those with two or three. With no deficiencies, there is still a large degree of spouse aid at all levels of homogeneity and an increase in choice of spouse from 49 to 55% (gamma +0.110) between the low and high homogeneity areas. With one deficiency, the choice of spouse increases substantially from 19 to 30 (gamma +0.173), indicating that spouses are substituting for the particular lack of children in the high homogeneity areas. However, for those with two deficiencies, the choice of spouse decreases from 25 to 20% (gamma, -0.093). For those with three deficiencies, there is still a very small choice of spouses in both low and high homogeneity areas (8 and 9%, gamma +0.036). Therefore, for those in age homogeneous areas who have multiple deficiencies and don't have children to help there is only a small amount of aid provided by spouses. Spouses do not substitute well for the many without children in these areas.

In addition, there is a decrease in the choice of relatives between the low and high homogeneity areas for these elderly (25 to 15%, gamma -0.019 with two deficiencies; 8 to 0%, gamma -0.207 with three deficiencies). When children and spouses are unavailable, relatives may also be unavailable. Relatives might also lack the

commitment to substitute for children and spouses in homogeneous areas.

Therefore, in homogeneous areas, the elderly who don't have children to help them and have multiple resource deficiencies, also have a lack of spouses and a decreased level of relative aid. In this situation, neighbors and friends do not increase their care, and there is a large increase in percentage with no one (Table 19). For those with two deficiencies, this increase is from 9 to 27% (gamma +0.344) and for those with three deficiencies from 42 to 73% (gamma (+0.326). These findings confirm that neighbors and friends do not substitute well in age homogeneous areas, when a large degree of long-term commitment is required, and other primary groups are not providing aid.

The importance of this finding becomes clear when one considers that 18.2% of respondents for Table 18 have at least two deficiencies and don't have children who help them. Thus, for a substantial proportion of elderly, it seems neighbors and friends may not substitute their care in illness in age homogeneous areas, when other primary groups are not providing much aid. Moreover, considering a similar table but using the more moderate measure of disability (Appendix D), neighbors and friends still do not substitute for those with at least two deficiencies who don't have children to help. Using this measure, an even more substantial 25.8% of respondents are in this situation.

Table 20 indicates that for the elderly who <u>do</u> have children who help them, the choice of neighbors and friends increases between the low and high homogeneity areas, at all levels of resource

Table 20

The Elderly's Choice of Neighbors or Friends to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using Handicapped or Not)[a]

For Those Who Do Have Children Who Help Them

	Neighborhood Homogeneity			Conditional Gamma
	Low < 25%	Moderate 25-50%	High > 50%	
No Deficiencies				
Neighbor or Friend	33% (36)	19% (43)	40% (25)	+0.041
One Deficiency				
Neighbor or Friend	29 (41)	28 (40)	44 (25)	+0.176
Two Deficiencies				
Neighbor or Friend	0 (31)	30 (30)	29 (17)	+0.66*
Three Deficiencies				
Neighbor or Friend	0 (13)	0 (7)	14 (7)	1.000

[a]Conditional gamma and chi squared level of significance are for the relationship between choice of neighbor or friend and age homogeneity at that level of deficiency.

*Chi squared significance at $p < .01$.

deficiency. For those with no deficiencies, this increase is from 33 to 40% (gamma +0.041), for those with one deficiency from 29 to 44% (gamma +0.176), for those with two deficiencies from 0 to 29% (gamma +0.66), and for those with three deficiencies from 0 to 14% (gamma 1.000). Therefore, the overall increase in choice of neighbors and friends for those with multiple resource losses is due to the increase for those who have children available.

It seems where there are multiple resource losses, neighbors and friends can strongly supplement the aid provided by other primary groups (particularly children) in age homogeneous areas. However, it seems where there are multiple resource losses and a lack of other primary groups, neighbors and friends are not able to substitute effectively. They do not have enough long-term commitment or youthful vigor to provide the only care for those with multiple resource losses.

Theory Development: Conditions for Neighbor or Friend Substitution

The findings in this chapter add significantly to findings in other studies concerning whether neighbors or friends will substitute for the absence of other groups in providing primary group aid. We can see now that the question of substitutability is more complex than it has generally been presented.

Several studies have indicated that neighbors and friends do increase their aid when other primary groups (particularly kin) are unavailable. For instance, Rosow's data (1967, pp. 160-161) seemed to indicate that neighbors can substitute their care in illness for

absent family in his dense areas. Only in these areas were neighbors used significantly for care, as one-fourth in the working class and one-sixth in the middle class who lived alone called on neighbors. In addition, in his dense areas, there were less proportions of elderly with no one to call on for illness.

However, Rosow, in somewhat arbitrarily selecting his apartment buildings, may have undersampled those who were the most severely ill, who needed the most help and would require large degrees of long-term commitment. Also, he did not consider help in illness for those with considerable resource deficiencies, who also require much long-term commitment. Findings in the present study have indicated, for these groups neighbors do not substitute effectively.

Cantor (1977), in her study of the elderly in New York City, found that in each of ten hypothetical situations, when a child was present, kin were the first choice of respondents. However, as distance from a child increased, neighbors and friends became more important. It seems, therefore, that neighbors and friends were substituting for the absence of children. Remember from my literature review, however, that Cantor's questions were not worded to specify primary group functional dimensions in accord with the Theory of Shared Functions. It is possible if questions were worded to specify large degrees of long-term commitment, neighbors and friends would not substitute. Also, as in other studies of primary group structure and function, there was no effectiveness measure, so one cannot be sure that neighbor and friend substitution for children was effective in providing aid.

Gordon (1977) found that 53.3% of women respondents in Ireland with relatives in the city and 74.2% of those with relatives out of the city, chose neighbors for the short-term task of looking after children for one hour. This finding seems to suggest neighbors and relatives can substitute for one another in performance of this short-term task.

What seems to characterize all these studies is that large degrees of long-term commitment are not called for. Findings from chapter 4 and this chapter, in the present study, indicated that neighbors and friends in homogeneous areas can substitute effectively for kin as long as large degrees of long-term commitment are not required. However, findings in this chapter indicate that where large degrees of long-term commitment are required (for those with multiple resource deficiencies) and no children are available, neighbors and friends cannot substitute. Resources play a role in defining the situation for substitution.

There is a need for a theory to explain under what conditions primary groups can substitute for the absence of each other or supplement one another's aid. Remember that the Theory of Shared Functions states that groups can effectively handle tasks which match their structural dimensions. Therefore, it would seem logical to assume that primary groups would be able to substitute effectively for one another to the degree they have overlapping structures for the task being considered (e.g., they share the appropriate structural dimension for that task). Thus, the pattern of primary group substitutability for a task or function can be predicted by

considering the structural requirements for its performance.

For instance, help in long-term illness is a function whose performance requires long-term commitment and the expenditure of physical and financial resources. Primary groups possess varying degrees of long-term commitment and would also be able to expend physical or financial resources in varying degrees.

Kin, who are children, have great long-term commitment and also the largest amount of physical and economic resources, as they are more apt to be young, vigorous and in the work force. Elderly spouses may also have a large degree of long-term commitment, though perhaps not as much physical or economic resources to expend as children. However, they share such close physical proximity that they may not require as much resources as other groups in order to help. Relatives have long-term commitment, though not to the same degree as children, and they cannot expend physical and economic resources to the degree children can. Thus, findings in chapter 4 indicated that spouses and children are the most chosen groups for help in long illness with relatives (the third most chosen group) chosen at a lesser level.

Friends and neighbors, however, do not usually have the same degree of long-term commitment, and are not willing or able to expend large amounts of physical or economic resources. They would not be as willing to come to an elderly person's home and bathe, feed and otherwise take care of him for an extended period of time.

However, for help in long illness, it is extremely important that at least somebody or a couple of people come when care is needed, or the elderly person will be in dire straits, as there will be

nobody to care for him. Therefore, neighbors and friends, who have less long-term commitment, may be forced to pool their resources and provide help when groups with more long-term commitment are unavailable. They would take turns in coming to the house and helping to provide care, though they would probably not help to the same degree as spouse or children. It seems reasonable that ordinarily neighbors and friends would provide more care when kin were unavailable.

In accord with the Theory of Shared Functions, neighbors and friends should substitute more effectively as they have more long-term commitment, so that they overlap with kin in regard to this key structural dimension. This overlap may occur, for instance, when one's neighbors may be kin or people one has lived with for a long period of time, or one's friends are long-term friends one has known from childhood. Most importantly for the purposes of this study, another possibility is that neighbors and friends in homogeneous areas, who share a common age status, have developed a new form of primary group with more long-term commitment than neighbors or friends have alone.

Thus, it seems that neighbors and friends in homogeneous areas have developed enough long-term commitment to substitute for kin except where very large long-term commitment is required (care in illness for those with multiple resource deficiencies). In this later situation, they do not overlap enough in long-term commitment with kin to substitute.

Another important contribution of the findings in this chapter is the idea that when neighbors and friends in age homogeneous areas

do not have enough long-term commitment to substitute for other groups, they may still be able to complement the care provided by these groups. The social organization of neighbors and friends in these areas seems particularly able to provide complementing care, when large degrees of long-term commitment are required.

Chapter Summary

In summary, it seems that those in later stages of the life cycle who may have overlapping resource deficiencies, and who stress care in illness, may be disadvantaged by the lack of kin in age homogeneous communities. High age homogeneity greatly decreases the level of care for those elderly with three resource deficiencies. While the decrease in level of care is also substantial for those with two deficiencies, this is most evident when the more extreme measure of disability is used. However, using either measure of disability, there are substantial percentages of the elderly over 75 who would have at least two deficiencies (77% with more lenient measure, 61% with more extreme measure) and therefore might have less care in age homogeneous communities.

The elderly in later stage of the life cycle may increasingly acquire resource deficiencies, as they become less healthy and vigorous, and their fixed incomes deplete in value. Therefore, as they may require much long-term commitment, it may be unwise for them to move to age homogeneous communities at some distance from kin. If they live in these communities, they may have to move closer to these kin. Living in these communities would seem to be particularly unwise

for these elderly with multiple deficiencies, when they won't have children and/or a spouse to help them when they are there. In this situation, it seems that neighbors or friends will not have enough long-term commitment to substitute. If other primary groups (particularly children) are available to provide care, neighbors and friends may be valuable in supplementing this aid.

These findings are contrary to the theory that those with deficient resources may benefit from age homogeneity because of their local orientation. Findings are consistent in showing that the elderly receive less aid in homogeneous areas the more the function to be performed requires long-term commitment and expenditure of personal resources, so that neighbors and friends cannot substitute effectively for kin. Therefore, they are in accord with the Theory of Shared Functions.

Chapter VII

AGE HOMOGENEITY, PERFORMANCE OF PRIMARY GROUP FUNCTIONS, AND STATE OF RESIDENCE

Different Types of Age Homogeneity in New York and Florida

There may be different types of age homogeneous communities, depending on the residents' stage of life, financial resources and why they move there. Florida may overrepresent certain types of homogeneous communities, while New York may overrepresent others. Therefore, it is important to control for state of residence in order to determine to what degree the effect of age homogeneity on primary group performance is due to particular characteristics of homogeneous communities in Florida and New York.

People at different stages of the life cycle may stress different primary group functions and the use of different primary groups (Dono et al., 1979). For instance, the elderly who are still relatively young and vigorous and have financial resources may stress participation in leisure and having a safe place to live. Having resources, they can move to a retirement community in Florida. They can take advantage of the preponderance of leisure facilities oriented toward elderly interests, which are made possible by the economies of large scale in having great numbers of elderly people living together in the same area (Bultena & Wood, 1969; Sherman, 1971). They would also take advantage of the common interests and

common daily time frame of the elderly in age homogeneous communities, which would facilitate their leisure participation. They may move to follow their friends, which is the most important group for participating in leisure with them.

For these elderly, who are still vigorous and relatively healthy, help in long illness would not be as important. In addition, the long-term commitment and expenditure of personal resources required to help them would not be as great as for those with deficient personal resources. Therefore, the presence of kin and the younger generation would not be as crucial. Illness when rare could be managed from a distance, particularly as this group would have the resources to pay for transportation (plane) or special services (homecare).

Only when they lose their vigor or suffer a loss of financial resources would these elderly suffer in large degree from a lack of kin and the younger generation. They would then particularly suffer, as they have migrated to some large distance from children and other kin. At this point, they may even move back to their old communities to be closer to their children.

One common type of age homogeneous community in Florida would thus be composed largely of migrants who are vigorous and have resources and are attracted by the leisure lifestyle.

New York, while having some homogeneous communities of the type above, may overrepresent another type of age homogeneity. This type includes elderly who are in later stages of the life cycle, who are in poorer health and have less financial resources.

They may have lived in the same neighborhoods for many years, or may have moved in to be nearer to special services available in homogeneous areas (i.e., food program, medical clinic). For these people, help in long illness is most important, and a great deal of long-term commitment and expenditure of personal resources is required to help them. Kin and the younger generation are crucial in providing aid. Participation in leisure and friends to participate with, while still valued, become secondary. In this type of homogeneous community, the elderly may never have had the financial resources to move to Florida, or may have moved back to be near their children.

There may be a third type of age homogeneity which may include people who also are vigorous and have financial resources. They may like to socialize with people their own age, but may not feel ready to move to a "retirement" community. Many of these elderly may still be working and may enjoy their continued contribution. This type of homogeneity may occur frequently in the moderate homogeneity areas in both New York and Florida.

Therefore, residents in homogeneous areas in Florida may be healthier and wealthier than their counterparts in New York. They may better take advantage of the large scale facilities for the elderly, and may live in better housing. Homogeneous areas in Florida may then be more effective for participation in leisure and "watch place" than those in New York.[1]

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[1]There may be other overall community differences between Florida and New York. For instance, for our sample, crime in Florida was much lower, and people felt it was much safer than New York.

However, because of their greater distance from kin, residents in homogeneous areas in Florida may have a more difficult time receiving help when they are ill. If these residents are relatively young and vigorous, this factor may not be as crucial.

Elderly with deficient resources in the high homogeneity areas of Florida may particularly have a difficult time finding help when they are ill. The long-term commitment and expenditure of personal resources required is quite high, while kin and the younger generation are at some distance. It may be that the interaction of resource deficiency and age homogeneity (see chapter 5) only leads to a significantly lower level of help in long illness for the elderly, when kin are at a great distance, as might be the case in Florida. Therefore, in this chapter, I will consider to what degree living in Florida accounts for the influence of the interaction of resource deficiency and age homogeneity on the level of help in long illness received by the elderly.

Procedures

The analysis in this chapter will include three parts:

(1) Analysis of the change in the level of primary group aid received by the elderly between the low and high homogeneity areas, for residents of each state.

(2) Analysis of the primary group aid received by residents of each state who reside in moderate homogeneity areas. This analysis will test the effect of particular characteristics of the moderate homogeneity areas.

(3) Analysis of the degree state of residence accounts for the influence of the interaction of resource deficiency and age homogeneity on the level of help in long illness received by the elderly.

Controlling for State of Residence

Table 21 analyzes the relationship between the primary group aid received by the elderly and age homogeneity, for each of the three functions studied, while controlling for state of residence of the respondent. In order to help explain the findings so obtained, Table 22 details the demographic and primary group (presence and proximity) characteristics of areas at different stages of homogeneity in New York and Florida. The following analysis shows that, in fact, for all three functions considered, state of residence does not have a strong effect on the influence of age homogeneity. The relationships between the level of primary group performance and homogeneity are similar in New York and Florida.

Participation in Leisure

For instance, because Florida may have age homogeneous communities in which residents are generally at earlier stages of the life cycle and have more resources than for homogeneous communities in New York, we might expect that the leisure benefits of age homogeneity would be more evident in Florida than in New York.

Surprisingly, according to Table 21A, the leisure benefits of age homogeneity are at least as evident in New York as in Florida. While there is a greater increase in the elderly's choice of friends

Table 21

The Elderly's Choice of Primary Groups for Three Functions by Age Homogeneity, by State of Residence[a,b]

A. Percentage Choosing Groups for Participation in Leisure:

	Neighborhood Homogeneity						Conditional Gamma	
	Low		Moderate		High			
	NY	FLA	NY	FLA	NY	FLA	NY	FLA
Neighbor . .	21%	22%	26%	30%	39%	40%	+0.268***	+0.306***
Friend . . .	38	36	35	43	49	53	+0.118***	+0.241***
Child . . .	21	21	18	23	14	8	-0.142	-0.370***
Relative . .	24	18	17	21	24	16	-0.031*	-0.076
Spouse . . .	21	32	22	38	16	31	-0.086	-0.030
No One . . .	21	15	15	7	8	10	-0.305***	-0.151**
Number of Elderly in Each Homog/ State Group	(212)	(198)	(322)	(146)	(166)	(306)	N = 1350	

B. Percentage Choosing Groups for "Watch Place":

	Neighborhood Homogeneity						Conditional Gamma	
	Low		Moderate		High			
	NY	FLA	NY	FLA	NY	FLA	NY	FLA
Neighbor . .	69%	74%	58%	86%	73%	81%	+0.021***	+0.133**
Friend . . .	9	8	9	15	13	10	+0.133	+0.041
Child . . .	8	5	8	6	8	1	+0.016	-0.428***
Relative . .	5	4	6	6	6	2	+0.048	-0.300**
Spouse . . .	9	10	11	12	6	10	-0.073	-0.0008
No One . . .	16	14	17	3	12	9	-0.073	-0.137***
Number of Elderly in Each Homog/ State Group	(212)	(198)	(322)	(146)	(166)	(306)	N = 1350	

Table 21 (continued)

C. Percentage Choosing Groups for Help in Long Illness:

	Neighborhood Homogeneity						Conditional Gamma	
	Low		Moderate		High			
	NY	FLA	NY	FLA	NY	FLA	NY	FLA
Neighbor . .	16%	16%	15%	19%	25%	22%	+0.161**	+0.137
Friend . . .	15	16	16	21	22	22	+0.143	+0.130
Child . . .	34	32	29	30	25	14	-0.136	-0.363***
Relative . .	23	24	20	21	19	21	-0.074	-0.054
Spouse . . .	28	33	26	45	20	42	-0.125	+0.111*
No One . . .	11	9	11	10	12	13	+0.018	+0.152
Number of Elderly in Each Homog/ State Group	(212)	(198)	(322)	(146)	(166)	(306)	N = 1350	

[a]Conditional gammas and chi squared significance levels are for the relationships between the choice of the group in the left column and age homogeneity, for the indicated state of residence.

[b]Each respondent in each homogeneity/state group was permitted to choose as many primary groups as they wanted for each function. That is why columns do not add to 100%.

*Chi squared significance at $.10 > p > .05$.

**Chi squared significance at $.05 > p > .01$.

***Chi squared significance at $p < .01$.

Table 22

Demographic Characteristics and Primary Group Presence and Proximity, by Age Homogeneity of the Neighborhood, by State of Residence

	Neighborhood Homogeneity					
	Low		Moderate		High	
	NY	FLA	NY	FLA	NY	FLA
Demographic Variables:						
A. Health Status						
Disabled	52%	57%	53%	46%	47%	53%
Healthy	47	43	47	54	53	47
	(210)	(197)	(321)	(146)	(166)	(305)
B. Age						
65-75	58	62	67	74	60	61
Over 75	42	38	33	26	40	39
	(211)	(197)	(321)	(146)	(164)	(303)
C. Income						
Under $4000	37	38	41	33	22	27
$4000 - $6999	35	30	32	30	41	38
Over $6999	28	32	27	37	37	36
	(173)	(173)	(263)	(127)	(131)	(283)
D. Interviewer Assessment of SES of Neighborhood						
Working class	65	60	48	62**	47	35*
Middle class	36	40	52	38	53	65
	(211)	(198)	(322)	(146)	(165)	(306)
E. Sex						
Male	36	43	30	43**	34	37
Female	64	57	70	57	66	63
	(194)	(215)	(308)	(160)	(155)	(316)
F. Employment Status						
Employed	8	10	7	15**	6	10
Unemployed	92	90	93	85	94	90
	(210)	(196)	(322)	(145)	(162)	(301)
Presence of Primary Groups:						
G. Number of Close Friends						
None	16	14	19	9**	13	9
1-5	46	47	46	46	42	40
Over 5	37	39	35	46	45	42
	(209)	(198)	(319)	(143)	(166)	(299)

Table 22 (continued)

	Neighborhood Homogeneity					
	Low		Moderate		High	
	NY	FLA	NY	FLA	NY	FLA
H. Has Children						
Yes	68%	81%**	68%	71%	75%	68%
No	32	19	32	29	25	32
	(212)	(197)	(322)	(146)	(166)	(306)
I. Marital Status						
Married	35	49**	28	51**	26	49**
Unmarried	65	52	72	49	74	52
	(211)	(198)	(322)	(146)	(161)	(305)
J. How Often One Talks to Neighbors						
Daily, Often	71	59*	78	80	81	89
Every Week, Month, Year	17	28	14	17	11	7
Seldom, Never	13	13	8	3	8	5
	(212)	(196)	(321)	(145)	(166)	(306)
K. Relatives in Touch with						
None	19	12	15	8	13	11*
1-5	50	57	50	57	62	52
Over 5	31	32	36	36	25	37
	(198)	(165)	(295)	(131)	(151)	(273)
Proximate Variables:						
L. Number of Friends Less Than 30 Minutes Away						
None	18	22	25	14**	16	15
1-4	41	44	43	39	43	42
Over 4	41	34	32	48	41	43
	(176)	(195)	(293)	(143)	(131)	(299)
M. Number of Children Less Than 30 Minutes Away						
None	58	51	58	57	61	77**
1	28	38	26	20	29	18
Over 1	14	11	16	23	11	5
	(167)	(185)	(284)	(138)	(129)	(283)
N. Number of Relatives Less Than 30 Minutes Away						
None	45	63**	52	57	58	66
1 or 2	26	22	21	20	27	21
Over 2	29	15	26	23	15	13
	(154)	(157)	(254)	(129)	(111)	(254)

*Differences between New York and Florida at that level of homogeneity are significant at $.05 > p > .01$

**Differences significant at $p < .01$.

between low and high homogeneity in Florida than in New York, this difference is balanced by a greater decrease in Florida as compared to New York in the elderly's choice of children. The choice of friends increases from 36 to 53%, an increase of 17% in Florida (gamma +0.247) compared to an increase from 38 to 49%, an increase of 11% in New York (+0.118). However, the elderly's choice of children decreases from 21 to 8%, a decrease of 13% in Florida (gamma -0.370) compared to a decrease from 21 to 14%, a decrease of only 7% in New York (gamma -0.142). The increase in choice of neighbors with age homogeneity is at the same high level in both states (21 to 39% in New York gamma +0.268, 22 to 40% in Florida gamma +0.306).

These findings can be explained by considering that high homogeneity Florida residents may be more migrant than their New York counterparts. Therefore, they would be more distant from their children, but may have moved to take advantage of the opportunities for greater friendship in high homogeneity Florida areas. Table 22 provides support for this explanation. According to Table 22, 40% of the elderly in high homogeneity New York have at least one child living less than 30 minutes away, while in high homogeneity Florida, only 23% of elderly residents have at least one child living less than 30 minutes away. However, while the difference is not statistically significant, the trend is for high homogeneity Florida areas to have a greater percentage of elderly with over 5 close friends than in high homogeneity New York areas (52 to 45%). There may also be a stronger overlap of neighbors and friends in high homogeneity Florida than in high homogeneity New York.

Surprisingly, there is a greater decrease, between low and high homogeneity, in the percentages of elderly with no one to choose as leisure companions, in New York than in Florida. This decrease is from 21 to 8%, a decrease of 13% in New York (gamma -0.305) compared to a decrease from 15 to 10%, a decrease of only 5% in Florida (gamma -0.151). The greater decrease in New York is in large part due to an initially quite high percentage of elderly with no one in low homogeneity New York (21%). However, this finding does indicate that the leisure benefits of age homogeneity are at least as evident in New York in Florida.

The above finding is not in accord with the expectation that the type of homogeneous community in Florida would attract people in earlier stages of the life cycle, and with greater resources than homogeneous communities in New York, and that those in Florida would emphasize leisure to a greater degree. In fact, according to Table 22 for the sample used in this study, the elderly in high homogeneity Florida are not younger, wealthier, or healthier than their New York counterparts. In illustration, while 61% of the elderly in high homogeneity Florida are 65-75 years of age, 60% in high homogeneity New York are also in this age category. While 36% of the elderly in high homogeneity Florida have over $6999 income, 37% are in this income group in high homogeneity New York. While 47% of the elderly in high homogeneity Florida are healthy, this figure is actually slightly less than the 53% of the elderly who are healthy in high homogeneity New York.

That the leisure benefits of age homogeneity are evident in both states is of great significance for this study. These benefits are not due to particular characteristics of Florida's retirement communities or their residents. In both states, participation in leisure is facilitated in age homogeneous communities because it matches the structure of available primary groups. This function may also benefit from the greater availability of leisure facilities because of the economies of large scale in having large numbers of elderly people in the same area.

"Watch Place"

For "watch place" (Table 21B), in both New York and Florida, there are only small changes in the choice of primary groups, between the low and high homogeneity areas. The elderly's choice of neighbors increases from 74 to 81%, an increase of 7% in Florida (gamma +0.133), compared to an increase from 69 to 73%, an increase of 4% in New York (+0.021).

Because of the overwhelming numbers of respondents who choose neighbors, the percentage changes in choice of the other groups with increasing homogeneity are quite small. However, the choice of children and relatives to watch one's place does decrease in Florida and not in New York. Thus, in Florida there is a decrease from 5 to 1%, a decrease of 4% in the elderly's choice of children between low and high homogeneity, while in New York, the choice of children is stable at 8%. In Florida the decrease is from 4 to 2%, a decrease of 2% in elderly's choice of relatives between low and high

homogeneity areas, while in New York this percentage increases insignificantly from 5 to 6%. While the decreases in choice of children and relatives in Florida are small percentagewise, they are larger proportionately as indicated by gammas of -0.428 and -0.300. These decreases in choice of children and relatives with increasing homogeneity in Florida provide some balance to the slightly greater increase in choice of neighbors in Florida than in New York.

Both states are similar in small decreases with increasing homogeneity in the percentage of elderly with no one to watch their place. The percentage of elderly with no one decreases from 14 to 9% between low and high homogeneity in Florida, a decrease of 5% (gamma -0.137). This decrease is from 16 to 12%, a decrease of 4% in New York (gamma -0.073).

High homogeneity Florida residents may benefit slightly more from a high number of proximate primary group members for "watch place" than high homogeneity New York residents. In fact, according to Table 22, 89% of the elderly in high homogeneity Florida daily or often talk to their neighbors compared to 81% in high homogeneity New York. However, this difference is small and not statistically significant.

As high homogeneity Florida residents are not any younger or more vigorous than their counterparts in New York, they would not have a faster reaction time in keeping watch. Therefore, any benefits of homogeneity for watching one's place are similar in both states.

That the weak positive relationship between age homogeneity and the level of primary group performance for "watch place" is

evident in both states is very significant for this study. Again, state of residence does not significantly account for the influence of age homogeneity. In both states, homogeneity is not as beneficial for "watch place" as for participation in leisure, as the direct effect of age commonality is not as facilitative.

Help in Long Illness

Because residents of homogeneous areas in Florida may be at a greater distance from their children than residents of homogeneous areas in New York, we would expect age homogeneity to be more detrimental for help in long illness in Florida than in New York. In fact, according to Table 21C, age homogeneity is only slightly more detrimental in Florida than in New York.

The elderly's choice of children for help in long illness does decrease more with increasing homogeneity in Florida than in New York, which reflects the greater proportion of migrants in homogeneous areas in Florida. The decrease in choice of children between low and high homogeneity areas is from 32 to 14% in Florida, a large decrease of 18% (gamma -0.363), which compares to a decrease from 34 to 25% on this measure in New York, a smaller 9% decrease (-0.136).

Residents of high homogeneity areas in Florida, however, have a very high degree of spouse help, as the elderly's choice of spouse for help increases from 28 to 42% between low and high homogeneity areas in Florida, a 14% increase (gamma +0.111). At the same time the choice of spouse actually decreases from 28 to 20%, an 8% decrease, in New York (gamma -0.125). One reason for this very high

level of spouse help in homogeneous areas in Florida is that the elderly would be reluctant to move to Florida and away from kin, unless they were married. Then at least, they would have someone nearby with long-term commitment. It seems that in homogeneous areas in Florida, spouses substitute to a large degree for absent children. Table 22 confirms that residents of homogeneous areas of Florida are much more often married than their counterparts in New York (49 to 26%).

Unlike the situation for participation in leisure, the elderly's increase in choice of neighbors and friends for help, with increasing homogeneity, are not any greater in Florida (16 to 22%, gamma +0.137 for neighbors, and 16 to 22%, gamma +0.130 for friends) than in New York (16 to 25%, gamma +0.161, and 15 to 22%, gamma +0.143). Even with the higher number of close and proximate friends in high homogeneity Florida, it is difficult for them to raise their help to a great degree, when kin are at a great distance.

Overall, there is a slightly greater increase in the percentage of elderly with no one to help them in long illness, with increasing age homogeneity, in Florida than in New York (Table 21). In Florida, this increase is from 9 to 13%, an increase of 4% (gamma +0.152), while in New York this increase is from 11 to 12%, an increase of only 1% (gamma +0.018). Therefore, using this measure, there is a slightly greater decrease in the level of help in long illness received by the elderly between the low and high homogeneity areas, in Florida than in New York. This finding reflects the greater distance from children in Florida. However, because of large spouse

substitution for children in Florida, the differences in change between the states are small. In both states, the small increases in percentages of elderly with no one are not statistically significant.

Again, state of residence accounts for only a small part of the influence of age homogeneity on level of primary group performance. In both Florida and New York, there is a drop in the choice of children to help in long illness, with increasing age homogeneity, but the influence of age homogeneity on the overall level of primary group performance is not great.

For all three functions studied, state of residence accounted for only small parts of the primary relationship between age homogeneity and the level of primary group performance. In both states there was a strong positive relationship between age homogeneity and participation in leisure, a weak positive relationship between age homogeneity and "watch place" and a negligible or very small negative influence of age homogeneity on help in long illness. Therefore, the structure of primary groups available in highly age homogeneous areas had a similar effect on the primary group performance of the three functions studied, whatever the state of residence of the respondent. The influence of age homogeneity was not found to be due to particular characteristics of Florida retirement communities.

While respondents from the high homogeneous areas in Florida included more migrants than their New York counterparts, they were not found to be at earlier stages of the life cycle as measured by age, income or health status. Therefore, they did not have greater resources to take advantage of the benefits of age homogeneity than their New York counterparts.

As residents of homogeneous areas in Florida still had their spouse to a far greater degree than residents of homogeneous areas in New York, in this one respect, they could be considered to be earlier in the life cycle. Findings indicated that being married would be a great enabling factor in permitting the elderly to move to homogeneous communities in Florida at some distance from their children. At least there would be somebody with long-term commitment to provide aid for functions such as help in long illness.

Characteristics of Moderate Homogeneity Florida

Surprisingly, it seems that, for this sample, it is the moderate homogeneous Florida group that strongly overrepresents elderly who are earlier in the life cycle, and as a result this group receives a large degree of primary group aid. According to Table 22, this group is significantly more married (51 to 28%) and therefore more male (43 to 30%) than the moderate homogeneity New York group. Though the differences are not statistically significant, the data show a consistent trend that the former group is also younger, healthier, and wealthier than its New York counterparts. It has a greater proportion of elderly who are 65-75 years of age (74 to 67%), a greater proportion who are healthy (54 to 47%), and a greater proportion with over $6999 income (37 to 27%).

Though the differences are small, the moderate homogeneity Florida group is younger and at least as healthy as any homogeneity/state group. As mentioned, the 74% who are 65-75 from this group

compares to the next highest 67% in moderate homogeneity New York areas, while in addition the 54% who are healthy compares to 53% in high homogeneity New York and from 43 to 47% for the other homogeneity/state groups. It also has 51% who are married, which is similar to the percentages for low and high homogeneity Florida (both 49%) but greater than that for all New York groups (26-35%). It also has as many residents with high income as both high homogeneity groups (all 36 to 37%), though it also has more low income residents than these groups (33 compared to 27 and 22%).

In terms of the primary groups available, moderate homogeneity Florida areas combine the advantages of both homogeneous and heterogeneous areas. This group has a significantly higher percentage of elderly with over 4 proximate friends than its New York counterparts (48 to 32%) and more than any other group (43% for next highest, high homogeneity Florida). At the same time, it also has the highest percentage of elderly, of any group, with more than one child less than 30 minutes away (23% compared to 16% for moderate homogeneity New York and 5 to 14% for all other groups).

That this group would have the greatest proportion of elderly with large numbers of proximate friends and also the greatest proportion of elderly with large numbers of proximate children is surprising. According to the theory developed to this point, we would have expected that the areas where the elderly have the most friends nearby would be those with the highest age homogeneity. Furthermore, we would have expected that the areas in which children live closest to their elderly parents would be those that are most

age heterogeneous. The above findings suggest that a combination of demographic characteristics of the type of area represented by moderate homogeneity Florida may outweigh the prevalent trend of the influence of age homogeneity.

Being at relatively early stages of the life cycle and having many primary groups available, the moderate homogeneity Florida group should do very well in the amount of primary group aid it receives.

Participation in Leisure

In fact, the moderate homogeneity Florida group does receive a relatively large amount of primary group aid for all three functions considered. For participation in leisure (Table 21A), only 7% of respondents from this group claim they have no one to choose as leisure companions, which is an even lower percentage than for both high homogeneity groups (8 and 10%), where we would expect the leisure benefits of homogeneity to be maximized. The 7% from this group with no one is considerably lower than the percentage with no one in both low homogeneity groups (21 and 15%). It seems that since this group has a large proportion of residents who are young, vigorous, and have resources, residents can almost always find someone to participate with them.

In addition, the elderly choose spouse (38%) as leisure companions more often in this group than in any other group. This percentage compares to the next highest 32% of the elderly who choose spouses in low homogeneity Florida and to 31% in high homogeneity Florida. It also compares to percentages of 16 to 22% who choose

spouse in the various levels of homogeneity in New York. While spouses are generally chosen to a large degree as leisure companions in Florida, this fact is most evident in moderate homogeneity areas.

In the moderate homogeneity Florida areas, children are chosen at an even higher level (23%) than for both low homogeneity groups (21%), and to a considerably greater degree than choose children in high homogeneity New York (14%) and Florida (8%), and in moderate homogeneity New York (18%). This finding contradicts the expectation that children would be most available in the lowest homogeneity areas.

The choice of neighbors and friends as leisure companions in moderate homogeneity Florida is greater than in low homogeneity but less than in high homogeneity, which is in accord with the theory that the social participation of neighbors and friends is directly related to age homogeneity. The 30% who choose neighbors for this group is greater than the 21 and 22% in low homogeneity New York and Florida but less than the 39 and 40% in high homogeneity New York and Florida. The 43% who choose friends is greater than the 38 and 36% in low homogeneity New York and Florida but less than the 49 and 53% in high homogeneity New York and Florida.

While as mentioned earlier the percentage of elderly with over 4 <u>proximate</u> friends was greater in moderate homogeneity Florida (48%) than in the high homogeneity areas (42 and 43%), the social organization of friends and neighbors for leisure may be greater in high homogeneity, which would account for greater choice of neighbors and friends in these areas. In fact, the high homogeneity Florida group does have a higher percentage of elderly with over 5 close

friends (52%) than in moderate homogeneity Florida (46%) (Table 22), which supports this explanation.

However, overall the moderate homogeneity Florida group receives as much or more primary group aid for participation in leisure as any homogeneity/state group and particularly excels in the amount of aid received from children and spouses. These findings reflect the demographic characteristics of this group.

"Watch Place"

For "watch place," residents of moderate homogeneity Florida areas fare even better in the amount of primary group aid that they receive. An amazingly low 3% of respondents from this group (Table 21B) have no one to watch their place, which compares to the next lowest 9% in high homogeneity Florida, and from 12 to 17% for other homogeneity/state groups. In addition, a very high 86% of respondents would choose neighbors, the most preferred primary group, in moderate homogeneity Florida, compared to only 58% in moderate homogeneity New York, 73 and 81% in high homogeneity New York and Florida and 69 and 74% in low homogeneity New York and Florida. "Watch place" is a function based on speed of reaction and proximity, so its performance in moderate homogeneity Florida areas would particularly benefit from the high concentration of proximate primary group members. Its performance would also benefit from the relative youth and vigor of the residents, which would aid their speed of reaction.

Help in Long Illness

The moderate homogeneity Florida group also does quite well in the amount of aid it receives for help in long illness as compared to the other homogeneity state groups. In percentage of elderly with no one to help them, this group is only 1% higher (10 to 9%) than the low homogeneity Florida group, the group with the lowest percentage with no one. In actuality, the percentages with no one to help them vary little between homogeneity/state groups (all 9 to 13%) due to neighbor and friend substitution when kin are absent (see chapter 4).

As compared to the low homogeneity groups, the moderate homogeneity Florida group has a slightly higher percentage of elderly who would choose neighbors (19 compared to 16 and 16%), and friends (21 compared to 15 and 16%) but a slightly lower percentage of elderly who would choose children (30 compared to 34 and 32%) and relatives (21 compared to 23 and 24%). These findings are in accord with our theories as to the influence of increasing age homogeneity. Therefore, the amount of help in long illness that would be received from these four primary groups is similar between the moderate homogeneity Florida group and the low homogeneity groups.

As compared to the high homogeneity groups, the moderate homogeneity Florida group has a slightly lower percentage of elderly who would choose neighbors (19 compared to 25 and 22%) and friends (21 compared to 22 and 22%), but a higher percentage of elderly who would choose children (30 compared to 25 and 14%). These findings are also in accord with our theories as to the influence of increasing age homogeneity. The 16% difference in choice of children between

moderate and high homogeneity Florida is significant and indicates that the former group receives significantly more aid from this key primary group.

As compared to the moderate homogeneity New York group, the moderate homogeneity Florida group would receive slightly more help in long illness from neighbors (19 to 15%), friends (21 to 16%), children (30 to 29%), and relatives (21 to 20%).

Therefore, the moderate homogeneity Florida group would receive as much help overall from neighbors, friends, children, and relatives as any other group. In addition, however, this group would receive the most help in long illness from spouses (45%) of any group. Only the high homogeneity Florida group approaches it in choice of spouse (42%) and this is the group with the smallest choice of children (14%). Spouses are chosen by 20 to 33% of the elderly for the other homogeneity/state groups.

Overall, the moderate homogeneity Florida group would receive as much or more primary group help in long illness as any other homogeneity/state group. Because of a combination of advantageous demographic characteristics, this group would receive relatively large amounts of primary group aid for all three of the functions studied.

Theory Development

In the first part of this chapter, it was demonstrated that the effects of age homogeneity on the performance of the three functions studied was similar in New York and Florida. Also in chapter 5, it was demonstrated that the benefits of age homogeneity in

participation in leisure and "watch place" were evident for those with or without sufficient resources (in health, age, or income). At the same time, due to their greater need for long-term commitment, only those groups with deficient resources had less help in long illness with increasing homogeneity. These effects were accounted for by the structure of primary groups available, in accord with the Theory of Shared Functions. Except when controlling for resources when considering the relationship between help in long illness and age homogeneity, the influence of age homogeneity was not largely accounted for by state of residence or resources of the respondent.

However, in the second part of this chapter, it was demonstrated that a strong combination of primary group and demographic characteristics of a particular type of area could outweigh the general trend of the influence of age homogeneity. Therefore, the moderate homogeneity Florida group would receive as much or more aid than any other homogeneity/state group in the performance of all three functions. This finding can still be explained by the structure of primary groups available and also by the stage of life of the residents.

In terms of the primary groups available, moderate homogeneity Florida combines the advantages of both low and high homogeneity. Residents are quite proximate to friends and neighbors, but also to children and relatives. In addition, they are more married than any other group. Therefore, they have primary groups available which are ideal in structure to match each of the three functions studied, and also have other primary groups nearby to support the "ideal" groups for each function.

Residents of moderate homogeneity Florida areas are also at earlier stages of the life cycle than any other group, being younger and healthier and also being comparative in income to the high homogeneity groups. At the same time they seem not to overrepresent large percentages of migrants.

In addition, residents may have worked more recently than residents of the other types of areas. This is supported by the fact that 15% of the elderly respondents in moderate homogeneity Florida areas are still working, compared to 7% in moderate homogeneity New York and 6 to 10% in the other homogeneity/state areas. Moreover, interviewers have in large degree rated the neighborhoods of moderate homogeneity Florida residents as working class (62%) rather than middle class areas, which compares to 47% for high homogeneity New York residents, and 35% for high homogeneity Florida residents. This finding indicates that despite having a respectable income level, moderate homogeneity Florida does not represent a large degree of fancy retirement communities. Because a large proportion of residents are comparatively young and may have more recently worked, they still have sufficient income.

Moderate homogeneity Florida probably overrepresents the third type of homogeneity mentioned at the beginning of this chapter. Residents may enjoy being near others their own age, but having strength and vigor, they enjoy life in their neighborhoods and are not ready to move to retirement communities. As many have maintained themselves in their original neighborhoods, they are still near their kin. They are still largely in the mainstream and reap the benefits

of having the vital and energetic younger generation nearby, while at the same time being near other elderly with similar interests.

State of Residence and the Influence of Resources

According to the findings reported in chapter 5, those elderly with deficient resources, who require large degrees of long-term commitment, were the only elderly to demonstrate a decrease in the level of help in long illness they receive, with increasing age homogeneity. The elderly with deficient resources in the high homogeneity areas of Florida may particularly demonstrate a depressed level of help in long illness because they are more migrant and more distant from kin than their New York counterparts. Furthermore, findings from the first section of this chapter have indicated that residents of the high homogeneity areas of Florida are not at earlier stages of the life cycle than those from the high homogeneity areas of New York. Therefore, help in long illness is a quite significant primary group function for them.

An important question, therefore, is whether the interaction of resource deficiency and age homogeneity only leads to a significantly lower level of help in long illness for the elderly, when they live in Florida, and are therefore most distant from their kin? In other words, to what degree does state of residence account for the influence of the interaction of resource situation and age homogeneity on the level of help in long illness received by the elderly?

Table 23 investigates these questions by analyzing the relationship between the percentages of elderly with no one to help them in long illness and age homogeneity, for different low resource groups (over 75, under $4000 income, disabled, handicapped) in both New York and Florida. The percentage of elderly with no one is used as an indicator of the level of help in long illness.

Table 23 must be analyzed with caution. As the n's in each cell are relatively small, the differences in change between New York and Florida are based on small numbers. Findings must be considered as suggestive and not definitive. Because of small n's, for only two of the groups considered (over 75 from Florida, handicapped from Florida) is the relationship, between the percentage of people with no one to help them and age homogeneity, statistically significant at the 0.05 level or better.

However, the data demonstrate a trend that those with low resources (over 75, under $4000 income, disabled or handicapped) do have a greater increase in percentages with no one, between the low and high homogeneity areas, when they live in Florida than when they live in New York. The differences in change between Florida and New York become most evident when we compare the gammas for the two states. The gammas are consistently much greater in Florida. This finding suggests that the level of help in long illness, for those with deficient resources, decreases more between the low and high homogeneity areas in Florida than New York. Nevertheless, state of residence does not account for all of the influence of the resource situation of the respondent, as those who are of very old age or who

Table 23

The Percentage of Elderly with No One to Help Them In Long Illness, by Age Homogeneity of the Neighborhood, for Different Low Resource Groups in New York and Florida

Elderly who are	Neighborhood Homogeneity			Conditional Gamma
	Low < 25%	Moderate 25-50%	High > 50%	
Over 75 and from New York	9% (89)	10% (107)	17% (66)	+0.220
Over 75 and from Florida	8 (75)	8 (38)	20 (119)	+0.435**
Under $4000 income and from New York .	14 (64)	18 (108)	21 (29)	+0.138
Under $4000 income and from Florida .	12 (65)	14 (42)	25 (75)	+0.326*
Disabled and from New York	14 (111)	11 (169)	15 (78)	+0.030
Disabled and from Florida	11 (112)	12 (67)	20 (161)	+0.283*
Handicapped and from New York . . .	16 (69)	12 (89)	20 (46)	+0.048
Handicapped and from Florida . . .	9 (57)	14 (36)	30 (66)	+0.515***

*The relationship between percentages of elderly with no one to help in long illness and age homogeneity, for the group in the left column, is significant at $.10 > p > .05$.

**This relationship is significant at $.05 > p > .01$.

***This relationship is significant at $p < .01$.

have a low income still increase in the percentage of elderly with no one (between the low and high homogeneity areas).

In illustration, for the elderly who are over 75 and live in Florida, there is an increase from 8 to 20%, a large 12% increase (gamma +0.435) in the percentages of people with no one to help them, between the low and high homogeneity areas. This compares to a smaller though still substantial increase from 9 to 17%, an 8% increase (gamma +0.220), on this measure, for the elderly who are over 75 and live in New York.

For the elderly who have under $4000 income and live in Florida, this increase is from 12 to 25%, a large 13% increase (gamma, +0.326), which compares to an increase from 14 to 21%, a still quite evident 7% increase (gamma +0.138), for those with under $4000 income who live in New York.

The elderly who are disabled (less extreme measure) and live in Florida, increase from 11 to 20% on this index, a substantial 9% increase (gamma +0.283). However, for the disabled who live in New York, there is almost no increase on this measure (14 to 15%, an increase of only 1% (gamma +0.030)). It seems that the disabled are only disadvantaged by the lack of kin in age homogeneous areas, when they live at considerable distance from these kins as might be the case in Florida.

Moreover, the elderly who are handicapped and live in Florida increase from 9 to 30% in percentage with no one, a very large 21% increase (gamma +0.515). This compares to a very small increase from 16 to 20%, a 4% increase (gamma +0.048) for the handicapped

who live in New York. It seems that the elderly, who in later stages of the life cycle become handicapped, are particularly disadvantaged by living in homogeneous communities in Florida, where they may be at considerable distance from their kin. This finding is in accord with our theories because this extreme group would require much long-term commitment for care in illness.

Therefore, the greater distance from kin of elderly living in the high homogeneity areas in Florida, as compared to the elderly living in the high homogeneity areas of New York, is important. It seems living in Florida does account for part of the influence of the respondent's resource situation on the relationship between the percentages of elderly with no one to help them in long illness and age homogeneity.

However, similarly to other findings in this chapter, state of residence does not fully account for the influence of age homogeneity. It seems that, in both states, those with deficient resources have a decrease in the level of help in long illness they receive, with increasing age homogeneity. The explanation for this finding is that in both states, the long-term commitment and expenditure of personal resources required to help those with deficient resources is quite high, and in homogeneous areas, there is a lack of kin and the younger generation. In accord with the Theory of Shared Functions, the greater the discrepancy between the structure of primary groups available (lack of long-term commitment) and the requirements of the function to be performed (help in long illness for those with deficient resources), the less the aid that will be received by the elderly.

Chapter Summary

In this chapter, the relationship between age homogeneity and the primary group performance of the three functions studied was analyzed, while controlling for state of residence of the respondent. This analysis was able to ascertain to what degree the influence of age homogeneity could be accounted for by particular characteristics of age homogeneous communities in New York and Florida. Particularly considered was the possibility that Florida would overrepresent a type of age homogeneity in which residents were to large degree migrants, were at earlier stages of the life cycle, and would stress participation in leisure and proximity to friends. They would therefore have resources (healthy, relatively young, and high income) and might benefit more in participation in leisure and "watch place" from homogeneity than residents in New York. At the same time, Florida residents might suffer more with age homogeneity in less help in long illness than New York residents, because of greater distance from kin.

In fact, for this sample, residents of the high homogeneity areas of Florida were not at earlier stages of the life cycle than residents of the high homogeneity areas of New York, and therefore they did not benefit to a greater degree from age homogeneity in participation in leisure or "watch place" than their New York counterparts. In addition, because of spouse substitution for distant children, there was only a slightly greater decrease in the level of help in long illness received by the elderly, between the

low and high homogeneity areas, in Florida than in New York. Therefore, the influence of age homogeneity on the level of primary group performance was not accounted for by state of residence. In accord with the Theory of Shared Functions, the structure of primary groups available operated to similar effect in both states.

The moderate homogeneity Florida group, however, was at earlier stages of the life cycle and had more resources than its New York counterpart and any homogeneity/state group. Residents in this type of area maximized the benefits of both low and high homogeneity, being largely proximate to neighbors and friends as well as children and relatives. For these reasons, the moderate homogeneity Florida group received more primary group aid for the three functions studied than any other group. This finding indicated that a combination of primary group and demographic characteristics for a particular type of area could outweigh the general trend of effects of increasing age homogeneity. This finding is also in accord with the Theory of Shared Functions. Since all primary groups were proximate, the structure of primary groups available would strongly match and facilitate the performance of each of the three functions.

The data suggested that those elderly with deficient resources in Florida were disadvantaged more in less help in long illness with increasing homogeneity, than those with deficient resources in New York. This was expected because of their greater representation of migrants and greater distance from kin. However, state of residence did not account for all of the influence of the respondent's resource situation on the relationship between age homogeneity and

help in long illness. Those with deficient resources in New York were also disadvantaged with less help in long illness in homogeneous areas. In accord with the Theory of Shared Functions, in both states, those with deficient resources, who most required long-term commitment and the expenditure of personal resources, suffered from a lack of kin and the younger generation in age homogeneous areas.

These findings confirm that when elderly are in later stages of the life cycle and lack resources (over 75, under $4000 income, disabled or handicapped), it may be ill advised for them to move to a retirement community at some distance from kin. At these stages, they stress functions such as help in long illness, which require long-term commitment and the younger generation, and are particularly hurt by distance from children and relatives. A move away from kin would be particularly ill advised for the unmarried, as they would not have the benefit of spouse substitution for absent children.

When the elderly are in earlier stages of the life cycle and have resources (relatively young, high income, healthier), they might benefit more from moves to retirement communities or other homogeneous areas. They would benefit from age homogeneity for functions such as participation in leisure and "watch place," while not suffering significantly from age homogeneity for functions such as help in long illness.

Findings also suggest possible advantages in moderate homogeneity areas. In these areas, the elderly could take advantage of the social opportunities of being near other elderly. At the same time, they could continue in the mainstream of life and maintain

proximity to children and relatives. This type of area might particularly be advantageous for those who are still working, who are not ready for a retirement community.

Chapter VIII

FINDINGS AND CONCLUSIONS

Findings in this study have indicated that some primary group functions (participation in leisure, "watch place") are facilitated by age homogeneity of the neighborhood, while others are not. In the latter group, age homogeneity had little overall effect on the level of primary group aid for help in long illness. It led to a somewhat smaller level of aid for help with money matters and to considerably smaller levels of aid when considering help in long illness for those elderly with deficient resource situations. These findings are therefore contrary to a prevailing theory that age homogeneity is generally best for the provision of social supports.

Previous findings in support of this theory were based on contacts with primary groups, or "morale" and "life satisfaction," as dependent variables. They were also based on particular types of age homogeneity such as retirement communities, public housing, and apartment buildings. These factors would have a great influence on findings.

Findings in the present study indicated that contacts with particular primary groups do not always lead to better performance of primary group functions. The increased contacts with neighbors and friends in age homogeneous areas became less effective as the long-term commitment required to perform a function increased (e.g., help in long illness for the elderly with deficient resources). Use

of contacts as a measure of social relations may lead to distortions concerning the efficacy of social supports in particular areas. They do not indicate whether social activity is effective or meaningful.

"Morale" and "life satisfaction" would seem to be too global as dependent variables to be used to compare different types of neighborhood structures. They reflect many factors in a person's environment and many types of primary group exchanges. Using this type of dependent variable, one cannot be sure in which areas of life the elderly receive services or benefit from age homogeneity, and in which areas they are disadvantaged.

The greater "morale" and "life satisfaction" and increased contacts found may partly be due to the types of age homogeneous community studies. Retirement communities may have particularly good housing and facilities and may be inhabited by the elderly who are young and vigorous and can afford living there. Public housing in cities may make particular use of formal organizational resources. Both public housing and homogeneous apartments buildings in cities (Rosow) may not be as isolated from kin as other types of homogeneous communities.

In this study, the stratified sampling design provided a large representation of different types of homogeneous communities, so that characteristics of any particular type would not dominate the analysis. In addition, by controlling for resource situation and state of residence, we were able to speculate how findings were affected by characteristics of different types of age homogeneity.

Most importantly, in this study, the Theory of Shared Functions was presented as another explanation of the effect of age homogeneity on social supports for the elderly. Using this theory, another dependent variable (performance of primary group functions) could be utilized to measure the influence of age homogeneity. Specific areas of benefit or disadvantage from age homogeneity could be pinpointed. Findings supported the Theory of Shared Functions as the best explanation of the influence of age homogeneity on social supports. The influence of age homogeneity on performance of functions was found to depend on the degree the structure of primary groups available matched the requirements for the function to be performed.

Age homogeneity strongly facilitated one primary group function (participation in leisure), which strongly matched the structure of primary groups available (common age status, common interests, common daily time frame). It was weakly facilitative of another function ("watch place") for which one of the structural characteristics of the primary groups available (large numbers of proximate neighbors) matched the requirements for performance, but another did not (loss of speed of reaction of the elderly).

For a third function (help in long illness), it was expected that the structural requirements for performance (long-term commitment) would not match the structure of available primary groups (lack of kin), so that age homogeneity would lead to a lesser level of aid. However, it seemed that neighbors and friends in homogeneous areas were able to substitute effectively for kin and the younger generation in performing this function. Therefore, the level of

primary group performance changed little with homogeneity. This finding supported the theory that the overlap in age status of neighbors and friends, in homogeneous areas, formed a new type of primary group, with greater long-term commitment than either neighbors or friends alone.

However, as larger degrees of long-term commitment were required, the elderly were increasingly disadvantaged in age homogeneous areas, indicating that neighbors and friends were no longer able to substitute effectively. Thus, for another function (help with money matters), that required more long-term commitment, there was a weak negative relationship between age homogeneity and the level of primary group performance. This relationship was weak because this function would so greatly influence an elderly person's future, that many elderly would choose no one to help.

When considering help in long illness for the elderly with deficient resource situations (disabled, over 75, under $4000 income), much long-term commitment would be required. In these situations, findings indicated that the lack of kin in homogeneous areas was disadvantageous. For groups who required even greater levels of long-term commitment (i.e., the handicapped, those with multiple resource deficiencies) there were even greater decreases in the level of primary group care as a result of age homogeneity. Further analysis indicated that neighbors and friends were not able to substitute their help in long illness, for kin, in homogeneous areas, when the elderly had multiple resource deficiencies and did not have children to help them. However, neighbors and friends had enough

long-term commitment in these areas to supplement the care provided by children, for these elderly.

These findings show that the pattern of primary group substitutability for a function is more complicated than indicated by studies showing greater use of neighbors and friends when children or relatives are unavailable (Cantor, 1977; Gordon, 1977; Rosow, 1967). The pattern of substitutability for a function depends on the structural requirements for performance, and the resource situation of the respondent helps to determine these requirements.

While the elderly were not disadvantaged by age homogeneity unless both function (help in long illness) and resource situation required long-term commitment, in most cases those with low resources did not do as well as a result of homogeneity as those with greater resources. For participation in leisure, though all resource groups benefited from age homogeneity, the healthy and high income groups benefited somewhat more than the disabled and low income groups. Thus, it seems that elderly with resources can take somewhat more advantage of the leisure benefits of age homogeneity.

These findings were contrary to the prevailing theory, that the elderly with low resources would be more locally oriented and have less behavioral flexibility (Gubrium, 1970; Rosow, 1967), so they would benefit most from age homogeneity. However, in developing this theory, contacts and "morale" were again used as dependent variables. In addition, Rosow may have undersampled those who were disabled, and Gubrium's homogeneous buildings, which represented almost 100% homogeneity, may have provided many organizational

services. Only using functions as dependent variables would reflect the need for long-term commitment among the elderly with deficient resource situations, and thus their possible lack of aid in homogeneous communities. Findings in this study have indicated that where great long-term commitment in required, it outweighs the influence of local orientation (or need for proximity) in determining the effect of age homogeneity.

Many of the original studies demonstrating the benefits of age homogeneity were done in retirement communities such as those found in Florida (Beckman, 1969; Seguin, 1973; Sheley, 1974; Sherman, 1971, 1972, 1974, 1975; Sherman et al., 1968). In this study, it was necessary to consider the possibility that these types of communities overrepresent elderly who are still relatively young and vigorous and have financial resources. They may stress participation in leisure and having a safe place to live, and can take advantage of the preponderance of leisure facilities oriented toward elderly interests. Therefore, I investigated the possibility that the effect of homogeneity could be accounted for by particular characteristics of retirement communities in Florida.

However, in this study the effects of age homogeneity were not accounted for by state of residence. The elderly in Florida were not at earlier stages in the life cycle than those in New York, and did not benefit any more for participation in leisure or "watch place." Residents of homogeneous areas in Florida were more migrant and distant from their kin than their counterparts in New York. However, because of spouse substitution for absent children, there was only a

slightly greater decrease in the level of care in illness between the low and high homogeneity areas, in Florida than in New York. There was a small decrease in Florida and a negligible one in New York.

Findings did indicate that residents of the moderate homogeneity Florida areas were earlier in the life cycle than residents of any other homogeneity/state areas. In addition, these residents maximized the benefits of both homogeneous and heterogeneous communities, in being proximate to friends and neighbors as well as to children and relatives. Overall, residents received more primary group aid than in any of the other types of areas.

The elderly with deficient resources in Florida (disabled, handicapped, over 75 age group, under $4000 income) did have a greater decrease in their level of care in illness, as a result of homogeneity, than those with deficient resources in New York. The handicapped in Florida had a particularly large decrease in care. It seems that the elderly with deficient resources may particularly have difficulty if they move to another part of the country at considerable distance from their kin. However, state of residence did not account for all of the decrease in care of those with deficient resources, as the elderly who lived in New York and had deficient resources also had a decrease in their level of care.

The findings in this study have great implications for elderly lifestyles and social policy. Moreover, they have great methodological significance, as they suggest the use of a different type of dependent variable to compare neighborhood structures and situations.

In regard to elderly lifestyles, when the elderly are relatively young and vigorous and have resources, they would stress leisure. Moves to retirement communities at some distance from kin may be indicated and beneficial in the provision of a social organization of friends and neighbors.

However, as the elderly reach later stages of the life cycle, they may increasingly have resource deficiencies and multiple resource deficiencies. As their health fails, they would increasingly stress help in long illness. For these elderly, great long-term commitment would be required. Thus, neighbors and friends in homogeneous communities might not substitute well for the absence of children, and the elderly may experience a lack of primary group care. Therefore, in later stages of the life cycle, moves to homogeneous communities may be unwise, particularly when the elderly person will be at some distance from his kin. The elderly who already live in these communities and who become disabled, or who have diminishing financial resources, may have to move closer to their kin.

This argument for the importance of kin seems contrary to some of Rosow's (1967) arguments for the advantages of age homogeneous communities. He states:

> Normal age concentration may in fact isolate and demoralize the elderly. . . . Both the life cycle and societal trends weaken intergenerational relations. The attrition of older people's occupational and familial roles, their health and income, technological and scientific development, all combine to intensify the differences between generations. (p. 37)

However, Rosow doesn't consider that despite the increasing differences between the generations, as the elderly reach later

stages of the life cycle, there are still some functions for which young kin (children) are more appropriate than age peers. Children would still have more long-term commitment. While the elderly in homogeneous communities may be less isolated socially (e.g., for leisure), those who have resource deficiencies may not have sufficient care in illness. In later stages of the life cycle, this care may be most important.

In developing social policy, moves to homogeneous communities, at some distance from kin, should not be encouraged for those elderly who are most likely to become disabled and/or have financial difficulty. However, the Theory of Shared Functions can give us some idea of what types of services are most needed for the elderly who already live in these communities. It would seem that the programs most needed, particularly in later stages of the life cycle, would be those that make up for the lack of kin and create greater long-term commitment for the elderly.

Presently, many homogeneous communities overemphasize leisure. This emphasis may be appropriate for the younger and more vigorous elderly, who have be attracted to these communities because of the leisure opportunities available. However, findings indicated that the structure of primary groups available in homogeneous areas facilitated leisure in every situation. Leisure may be well provided for, with a somewhat smaller commitment of resources and energy. The remaining resources can then be devoted to programs to make up for the primary groups that are lacking. This argument is particularly cogent if we believe the arguments of the disengagement

theorists, that many elderly in later stages may prefer to disengage from activity (e.g., Messer, 1967).

It would seem that programs providing for home health aides and private duty nurses would be particularly important to help those elderly who don't have kin available to provide care in illness and for whom neighbors and friends cannot provide care. These aides would at least insure that there is somebody to come to an elderly person's house and take care of him if he is ill.

However, organizational services are not perfect substitutes for primary groups. They would usually not be as effective for the nonuniform aspects of care as appropriate primary groups. For instance, aides would probably not have as affective and trusting relationships with the elderly as would their kin and would not approach kin in the degree of long-term commitment they possess. These primary group characteristics would be very important in comforting the elderly who are ill. If aides were to remain with the same elderly people, over a period of time, they may develop some degree of long-term commitment.

Therefore, other alternatives are desirable which might fcailitate the nonuniform aspects of care. Another possibility would be to create mechanisms in which elderly neighbors and friends can pool their resources and take turns caring for each other. "Key" clubs can be created in which the elderly are responsible for checking on each other each day. Neighbors and friends might be expected to donate small blocks of time each week in which they care for those in the community who become sick or disabled. In this manner an

esprit de corps and greater commitment can be fostered. Such was the case in Hochschild's (1973) "Merril Court," in which the elderly widows were very conscious of checking on each other's health and safety.

Another possibility would be for neighbors and friends to supplement organizational services with visits to those who are ill. In this manner they would not be overly burdened but would contribute to the nonuniform aspects of care.

In order to develop some long-term commitment among neighbors in homogeneous communities, rapid mechanisms of integration are needed whereby new neighbors begin quickly to develop ties with their peers. Welcoming and orientation committees may be advisable. Community newspapers and other media may quickly advise new neighbors about what is going on and how to take part. The social organization in communities emphasizing leisure might help to quickly integrate people into the community. In "Merril Court," upon the arrival of widows with very similar characteristics in the same setting, almost spontaneously a formal and informal structure of ties arose. These were oriented toward recreation activities, political participation, and the widows' looking out for each others' safety. In addition, there was a strong value on "work" or at least being productive within the community. This social organization and mechanisms of integration were stimulated by publicly paid recreation workers and staff.

A very important contribution of the present study, which has not been emphasized in the studies reviewed, has been to demonstrate

the possible benefits of moderate homogeneity areas. Findings in these areas in Florida indicated that the elderly benefited from exposure both to age peers and the more vigorous younger generation, and therefore could enjoy maximum benefit from both. Being relatively early in the life cycle, these elderly could remain in the mainstream, while at the same time being part of an age homogeneous social organization. This type of age homogeneity should be encouraged through the provision of facilities and services for the elderly (e.g., leisure, and home health care) when pockets of elderly become located in communities that also have concentrations of other age groups.

Some of the advantages of moderate homogeneous areas may be incorporated in building age homogeneous buildings within the elderly's original and perhaps age heterogeneous communities. Again the elderly would be proximate both to age peers and kin. In fact, some studies of public housing for the elderly have indicated that kinship interaction may not decrease in these communities (Hempe & Blevins, 1973; Teaf et al., 1973). Public housing for the elderly may represent a particular type of age homogeneity in which residents are less isolated from kin than in other age homogeneous communities.

One disadvantage of public housing is that the elderly who live there may not be as much in the "mainstream" as elderly living in moderate homogeneity areas. In public housing, most daily contacts may be confined to age peers. This type of housing would be best for elderly for whom being in the mainstream is not that important, but who appreciate the social contacts of age peers and formal

organizational resources. At the same time, these elderly would be in enough proximity to kin to receive help when they are ill. This type of situation may be approximated by elderly who are approaching later stages of the life cycle and who are increasingly in need of care in illness, but who still enjoy participating in social activities.

It may be that public housing within the elderly's original cities is a more beneficial type of homogeneity for those who are poor and/or disabled and lack resources than communities at some distance from kin, or those in normal living areas. In addition to being near kin, these elderly would particularly benefit from formal organizational services. In addition, with close to 100% elderly, the social organization of neighbors and friends may develop some commitment. This argument would help to explain why Gubrium's homogeneous buildings were related to higher morale for the poor elderly.

However, even this type of homogeneity may present problems for those who are disabled and/or poor. With much commitment required, neighbors, who may lack strength and vigor themselves, may turn away from those who are ill. When the elderly are frequently ill, it would become difficult and perhaps uncomfortable for kin to provide care within these communities, as they may feel like outsiders. One solution would be to provide formal services, supplemented by neighbor and kin visits to deal with the nonuniform aspects of care.

When the elderly are disabled and freqiently ill, the most effective solution would be for them to live with kin or in very

close proximity. However, if kin can't or won't assume this responsibility, public housing with good health services ia an alternative.

In the extreme case, where the elderly are severely disabled, and kin cannot provide care, institutionalization in nursing homes is often used in our society. This alternative is resisted by many elderly because the nonuniform aspects of life may not be provided for. Because staff must care for large numbers of elderly, life may become routinized and predictable (Litwak et al., in process). The best nursing homes provide programs and activities to enrich enderly lifestyles.

Of interest to our theory, Rose Dobroff (1977), in her doctoral dissertation, found that the availability of kin and kin visits were extremely valuable to the elderly in nursing homes. The elderly who had kin to check on them received better care from staff. In addition, they looked forward to discussions with kin concerning family and world events. Kin also provided valuable services like helping to fix up rooms and bringing valued articles of clothing. For the elderly who are ill and in nursing homes, proximity of kin is still very important.

In regard to the effects of different types of homogeneity, Rosenberg's (1968) study of 1596 white working class respondents in Philadelphia is interesting. Using the respondent's block as the unit of analysis, he found as the proportion of respondent's neighbors who are over 65 increased, the isolation from friends of poor men dropped from 37 to 17%. However, when greater neighborhood

concentrations reached a high level of 40% or more above 65, the isolation from friends of old men rose to 45%. Rosenberg's dependent variable was the proportion of elderly with no friends, so we don't know what kind of aid these elderly received for functions such as help in long illness. However, these findings are important.

I have shown that poverty, disability, and age become increasingly correlated in later stages of the life cycle. Probably many of Rosenberg's poor elderly in his greater neighborhoods had multiple resource deficiencies. Having nowhere else to go, these types of elderly may be concentrated in certain areas of our cities. Because of their hardship, they are quite isolated. These elderly are forced to live in this type of homogeneous area, which is contrary to the situation for public housing or retirement communities.

These elderly would most benefit from senior centers, other leisure programs, programs such as "Meals on Wheels," and home health care services. They could particularly benefit from public housing, as the strong social organization of friends and neighbors would decrease their isolation, and they would most need organizational services.

In regard to types of homogeneity, findings in this study indicated that the elderly who lived in homogeneous communities in Florida, and had resource deficiencies, were more disavdnataged from lack of care by kin, than similar elderly who live in New York. However, those in New York were still disadvantaged. As a general principle, homogeneous communities should cause more difficulty in later stages of the life cycle, the more the elderly are distant

from their kin. However, the findings in New York indicate that a great deal of distance from kin may not be required to create some disadvantage. It is possible that the social organization of neighbors and friends may sometimes make it more difficult for kin to intervene, as they may feel like outsiders.

The fact that the social benefits of age homogeneity (e.g., leisure) were as evident in New York as Florida lends support to the idea that the benefits of age homogeneity are not just due to better facilities and services like those in retirement communities. In addition, the leisure benefits of homogeneity were only slightly more evident for those with sufficient resources than those with deficient resources. Again, this finding indicates that the influence of homogeneity is not due to the elderly who are earlier in the life cycle being able to afford facilities and services.

Analysis of the changes in choices of specific primary groups between the low and high homogeneity areas indicated that the influence of age homogeneity was related to the structure of primary groups available.

Another major contribution of the present study is to suggest another type of dependent variable besides "morale" and "life satisfaction" to compare different life situations of the elderly and to shed further insight into the major theories of aging.

For instance, I have reviewed a whole group of studies which seek to explain how activity and social relations are related to morale in retirement communities (Ehrlich, 1972; Gubrium, 1972; Havens, 1968; Messer, 1967; Schooler, 1969, 1970). The two major

views of aging at the time, disengagement theory and activity theory, are used as starting points.

Disengagement theory would predict higher "life satisfaction" or "morale" among the elderly who are allowed to adopt a more "alone" lifestyle, while activity theory would predict higher "life satisfaction" and "morale" among the elderly who engage in activity and who continue former activity.

The generally mixed findings, as to how activity and social relations are related to "morale," and as to which theory of aging is valid, may be caused by two factors: (1) Again, "morale" and "life satisfaction" are too global as dependent variables and depend on too many factors in a person's life, including both primary group and formal organizational exchanges, to provide an adequate index of social relations. (2) The question of whether elderly "disengage" or not would seem to be must more complicated than whether or not they continue past activity.

It would seem that using the performance or nonperformance of primary group functions as dependent variables would have great relevance to both disengagement and activity theory. What primary group functions are still performed and who performs them would be very important. The performance or nonperformance of functions could then be related to more specific measures of satisfaction than "life satisfaction" or "morale" to gain further insight regarding disengagement ar activity theory.

Questions would then be asked such as, does greater friend participation in leisure in homogeneous communities lead to

satisfaction in leisure in accord with activity theory? Or is there no relationship between friend participation and satisfaction with leisure as might be the case for someone in later stages of the lifestyle who is disengaging? Is someone who is disengaging and not attuned to activity hurt by less friends' and neighbors' help in long illness in retirement communities? The use of primary group functions as dependent variables to shed light on the major theories of aging is an important future area for research.

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Appendix A

SAMPLING PLAN

SAMPLING PLAN

For this study, the sampling plan and interviewing were the responsibility of Audits and Surveys, New York, who should be consulted for the exact procedures utilized. This section will concentrate on the definition of the four strata for this study.

The sample was stratified by homogeneity of the neighborhood (homogeneous versus heterogeneous) and by socioeconomic status (predominantly working class versus predominantly middle class) in a two-phase procedure. The goal was to have roughly equal proportions of the sample from each of four strata formed by cross-classifying areas by homogeneity and socioeconomic class in each state.

In phase 1, census tracts were selected in the two sets of counties, with the probability of their selection proportional to their size in the 1970 census. In order to take account of changes in the geographic distribution of older persons between the 1970 census and the period of data collection (April-August 1978), 1976 Social Security Administration data on the number of Social Security checks mailed to addresses in the zip code areas of New York and Florida were utilized.

The selected tracts were classified into three strata: (1) tracts in zip code areas which experienced large absolute increases in number of checks between 1970 and 1976 (2000 increase); (2) tracts with over 30% older persons in the 1970 census; and (3) tracts with less than 30% older persons in the 1970 census. The number of tracts was then reduced by approximately one-half by selecting every other one.

Locations defined as a block or group of blocks having 60 or more households were selected from the tracts. Random points were chosen around which boundaries were drawn encompassing at least 60 households. To compensate for the presumed uneven concentration and growth of older persons in the large zip code areas, 3 locations were selected from each tract in stratum 1. Two locations were selected from each tract in stratum 2, and one location was selected from each tract in stratum 3. Because there were more tracts with lesser percentages of elderly (i.e., in stratum 3) and less tracts with higher percentages of elderly (i.e., in strata 1 and 2), choosing more locations from tracts in strata 1 and 2 would insure that there would be enough locations for the age homogeneous classification.

In phase 2, the locations were finally stratified into the four age homogeneous/socioeconomic class strata on the basis of a preliminary field survey in which interviewers assessed the neighborhood on these two dimensions. Interviewers were told to base their assessment on "your personal observations, and impressions, and information obtained from local police, mailpersons or postal officials, merchants and residents, etc." On the basis of this assessment, interviewers rated locations as to homogeneity and socioeconomic status by using the following questions:

1. Approximately what percent of these households are headed by a person 65 years old or over _____%

Using this question, locations were considered homogeneous if 30% or more of the households were headed by persons 65 years or older.

2. Describe the type of neighborhood in this location. This should be done only in terms of how the entire location looks in the eyes of people in the community. Those people you spoke to plus your own opinions, based on your awareness of the location's characteristics, must be considered. (CHECK AS MANY CATEGORIES AS NECESSARY TO ACCURATELY DESCRIBE THIS LOCATION.)

A WEALTHY OR "SOCIETY" TYPE NEIGHBORHOOD--BIG BUSINESS OFFICIALS, VERY RICH LAWYERS OR DOCTORS, AND PEOPLE WITH LARGE, INHERITED INCOMES LIVE HERE . . . . . ( )

AN EXCELLENT WHITE-COLLAR NEIGHBORHOOD--DOCTORS, HIGHLY PAID MANAGERS, STRICTLY A PROFESSIONAL AND EXECUTIVE NEIGHBORHOOD . . . . . ( )

A BETTER WHITE-COLLAR NEIGHBORHOOD--NOT MANY EXECUTIVES OR DOCTORS LIVE HERE, BUT THERE ARE PROBABLY NO BLUE COLLAR PEOPLE EITHER . . . . . ( )

PREDOMINANTLY A BLUE COLLAR NEIGHBORHOOD--NOT SLUMMY, BUT A FEW SHACKS AND VERY POOR HOUSING MIXED IN: PROBABLY NO WHITE COLLAR WORKERS LIVE HERE . . . . . ( )

A SLUM NEIGHBORHOOD--THE PEOPLE HERE ARE COMMON LABORERS OR PEOPLE IN RELIEF . . . . . ( )

From this question, an answer in the first through third categories was considered "middle class" and an answer in the fourth or fifth categories was considered "working class" for purposes of stratifying the sample.

Now the locations were classified by strata. In order to reach the required number of interviews for each strata, the number of interviews completed in each location were proportional to the total number of older person headed households in the location.

Using the above procedures, the number of locations actually samples in each strata were as follows:

STRATUM	CLASS	PERCENT OLDER PERSON HEADED HOUSEHOLDS	NUMBER OF LOCATIONS	
			NY	FLORIDA
A	Middle	30% or less	17	21
B	Middle	31% or more	9	21
C	Working	30% or less	20	20
D	Working	31% or more	17	20

Once the number of interviews to be completed in each location was determined, a random start was selected within the location and interviewers started knocking on every door from that point on until the number of interviews needed was completed. Once a household was found with one or more older people, each eligible person in the household was listed, and the one to be interviewed was randomly selected.

Appendix B

THE CHOICE OF A MEASURE OF AGE HOMOGENEITY

THE CHOICE OF A MEASURE OF AGE HOMOGENEITY

An alternative measure of age homogeneity of the neighborhood was considered. As part of the field survey made in phase 2 of stratifying the sample, interviewers were asked, on the basis of their contacts with people at each sampling location (residents, police, doormen, merchants, and professionals), to rate the age homogeneity of the neighborhood. Thus, item 5 in the Area Screening Questionnaire asks:

> Approximately what percent of these households are headed by a person 65 years old or over? _____%

This measure was not used for the following reasons:

(1) Interviewers were mostly concerned with rating locations as to whether 0 to 30% (heterogeneous) or over 30% (homogeneous) of the households were headed by a person 65 or older, so as to place them in age heterogeneous or age homogeneous strata. Thus, the percentage ratings of the locations were often probably rough estimates.

(2) Using 30% as the cutoff point between age heterogeneous and age homogeneous areas would not provide a category of sufficient density to study many of the effects of age homogeneity. Given the estimated nature of these ratings, recoding into several categories would create error.

(3) This question asks for percentage of households headed by a person 65 or over. Percentages based on old people headed households may be different on several important dimensions from those based on

individuals over 65. For example, if there were many households with older people living alone, age homogeneity of the neighborhood may be overestimated.

By contrast, respondent ratings of age homogeneity were already structured into three categories sufficient for analysis. A category of over 50% homogeneity would allow for consideration of the effects of quite high homogeneity. Respondents would know their neighborhood. A measure of percentage of older people would seem to be a truer measure of age homogeneity than percentage of households headed by older people.

There are certain risks in using the respondent ratings. These ratings depend on the elderly's perception of homogeneity, and thus there is the possibility that some intervening factor could be causing them to over or underestimate the age homogeneity of the neighborhood.

However, several test runs indicated that findings using interviewer ratings of the neighborhood would have been very similar to those gained with respondent ratings. This suggests that the above possibility was not a strong problem in this study. If anything, using interviewer ratings, the advantages of homogeneity (e.g., participation in leisure) may have been slightly weaker and the disadvantages (e.g., help in long illness) slightly greater. The application and appropriateness of the theories used would have been the same.

Appendix C

TABLE 24

Table 24

The Elderly's Choice of All Primary Groups and Some-Combinations; to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using the More Lenient Measure of Disability)[a,b]

	Low Homogeneity	Moderate Homogeneity	High Homogeneity	Conditional Gamma
No Deficiencies				
Neighbor	19%	19%	23%	+0.094
Friend	19	14	29	+0.232**
Child	31	32	15	-0.296***
Relative	26	22	30	+0.101
Spouse	49	46	54	+0.090
No One	7	6	2	-0.390
Neighbor or Friend	30	25	38	+0.161*
Child or Spouse	68	65	61	-0.097
Kin or Spouse	84	80	77	-0.143
	(74)	(110)	(112)	
One Deficiency				
Neighbor	21	12	25	+0.120***
Friend	17	24	23	+0.120
Child	34	25	16	-0.318***
Relative	32	22	23	-0.152
Spouse	29	36	35	+0.077
No One	12	10	12	-0.005
Neighbor or Friend	30	30	38	+0.125
Child or Spouse	50	53	49	-0.005
Kin or Spouse	74	72	64	-0.172
	(126)	(135)	(155)	
Two Deficiencies				
Neighbor	15	20	28	+0.262**
Friend	16	12	20	+0.104
Child	36	34	20	-0.245***
Relative	21	19	10	-0.253*
Spouse	22	16	26	+0.062
No One	6	17	16	+0.292**
Neighbor or Friend	29	27	39	+0.156
Child or Spouse	52	47	43	-0.128
Kin or Spouse	66	63	51	-0.207
	(107)	(108)	(110)	

Table 24 (continued)

	Low Homogeneity	Moderate Homogeneity	High Homogeneity	Conditional Gamma
	Three Deficiencies			
Neighbor	11%	28%	13%	+0.080
Friend	11	19	10	-0.008
Child	43	36	32	-0.156
Relative	8	19	7	-0.018
Spouse	5	11	3	-0.082
No One	19	8	42	+0.377***
Neighbor or Friend	16	39	16	+0.034
Child or Spouse . .	46	44	36	-0.136
Kin or Spouse . . .	59	58	42	-0.215
	(37)	(36)	(35)	

[a]Each respondent was permitted to choose as many groups as he wanted as helpers. Some combinations of groups are included to show changes in those groups with different degrees of long-term commitment.

[b]Conditional gammas and chi squared level of significance are for the relationships between choice of groups in the left column and age homogeneity at that level of deficiency.

*Chi squared significance at .10 > p > .05.

**Chi squared significance at .05 > p > .01.

***Chi squared significance at p < .01.

Appendix D

TABLE 25

Table 25

The Elderly's Choice of Neighbor or Friend, Spouse, Relative and Percentage with No One to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using More Lenient Disability Measure)[a,b]

For Those Who Don't Have Children Who Help Them

	Neighborhood Homogeneity			Conditional Gamma
	Low < 25%	Moderate 25-50%	High > 50%	
No Deficiencies				
Neighbor or Friend	26%	28%	38%	+0.105
Spouse	53	48	54	+0.032
Relative	28	27	33	+0.099
No One	10	8	2	-0.460*
	(51)	(75)	(95)	
One Deficiency				
Neighbor or Friend	30	32	37	+0.108
Spouse	24	37	39	+0.207*
Relative	40	24	22	-0.274***
No One	18	14	14	-0.098
	(93)	(101)	(130)	
Two Deficiencies				
Neighbor or Friend	42	30	40	-0.014
Spouse	26	20	28	+0.058
Relative	26	25	11	-0.315
No One	9	25	19	+0.211**
	(69)	(71)	(88)	

Table 25 (continued)

	Neighborhood Homogeneity			Conditional Gamma
	Low < 25%	Moderate 25-50%	High > 50%	
	Three Deficiencies			
Neighbor or Friend	29%	39%	19%	-0.149
Spouse	5	13	5	0.000
Relative	14	22	10	-0.120
No One	33	13	62	+0.375***
	(21)	(23)	(21)	

[a]Each respondent was permitted to choose as many groups as he wanted as helpers. In this table I highlight some choices to facilitate analysis.

[b]Conditional gammas and chi squared level of significance are for the relationship between choice of groups in the left column and age homogeneity, at that level of deficiency.

*Chi squared significance at $.10 > p > .05$.

**Chi squared significance at $.05 > p > .01$.

***Chi squared significance at $p < .01$.

Appendix E

TABLE 26

Table 26

The Elderly's Choice of Neighbors or Friends to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using More Lenient Disability Measure)[a]

For Those Who Do Have Children Who Help Them

	Neighborhood Homogeneity			Conditional Gamma
	Low < 25	Moderate 25-50	High > 50%	
No Deficiencies				
Neighbor or Friend	39% (23)	17% (35)	41% (17)	-0.033*
One Deficiency				
Neighbor or Friend	30 (43)	27 (34)	44 (25)	+0.160
Two Deficiencies				
Neighbor or Friend	5 (38)	22 (37)	36 (22)	+0.606**
Three Deficiencies				
Neighbor or Friend	0 (16)	39 (13)	10 (10)	+0.396**

[a]Conditional gammas and chi squared level of significance are for the relationship between choice of neighbor or friend and age homogeneity at that level of deficiency.

*Chi squared level of significance at $.10 > p > .05$.

**Chi Squared level of significance at $p < .01$.

Table 27

The Elderly's Choice of All Primary Groups and Some Combinations, to Help in Long Illness, by Age Homogeneity of the Neighborhood, by Number of Resource Deficiencies (Using Handicapped or Not)[a,b,c]

	Low Homogeneity	Moderate Homogeneity	High Homogeneity	Conditional Gamma
No Deficiencies				
Neighbor	21%	16%	23%	+0.074
Friend	18	18	26	+0.178
Child	32	28	15	-0.321***
Relative	23	23	28	+0.099
Spouse	48	45	54	+0.086
No One	8	7	4	-0.228
Neighbor or Friend	30	25	37	+0.120*
Child or Spouse	65	61	62	-0.040
Kin or Spouse	79	80	74	-0.091
	(112)	(154)	(170)	
One Deficiency				
Neighbor	21	17	28	+0.133
Friend	18	20	24	+0.125
Child	34	31	17	-0.282***
Relative	33	17	18	-0.269***
Spouse	21	29	27	+0.105
No One	12	11	13	+0.056
Neighbor or Friend	34	32	41	+0.120
Child or Spouse	46	53	42	-0.061
Kin or Spouse	73	67	57	-0.228***
	(122)	(129)	(145)	
Two Deficiencies				
Neighbor	10	23	25	+0.316**
Friend	15	16	17	+0.053
Child	36	36	22	-0.195
Relative	20	23	12	-0.160
Spouse	23	13	17	-0.143
No One	6	19	21	+0.398***
Neighbor or Friend	23	31	34	+0.181
Child or Spouse	52	45	38	-0.180
Kin or Spouse	67	62	49	-0.237*
	(87)	(84)	(76)	

Table 27 (continued)

	Low Homogeneity	Moderate Homogeneity	High Homogeneity	Conditional Gamma
	Three Deficiencies			
Neighbor	8%	13%	11%	+0.127
Friend	4	9	6	+0.127
Child	52	30	39	-0.209
Relative	8	22	0	-0.170*
Spouse	4	13	6	+0.137
No One	20	4	44	+0.354***
Neighbor or Friend	8	22	11	+0.142
Child or Spouse . .	56	43	44	-0.166
Kin or Spouse . . .	63	61	44	-0.233
	(25)	(23)	(18)	

[a]Each respondent was permitted to choose as many groups as he wanted as helpers. Some combinations of groups are included to show changes in those groups with different degrees of long-term commitment.

[b]Conditional gammas and chi squared level of significance are for the relationships between choice of groups in the left column and age homogeneity at that level of deficiency.

[c]In this table, the more extreme measure of disability is used.

*Chi squared significance at .10 > p > .05.

**Chi squared significance at .05 > p > .01.

***Chi squared significance at p < .01.